

CoreQ Short Stay Discharge Survey Protocols and Guidelines Manual

Draft Version 1.0

April 2023



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**COMMUNICATIONS AND TECHNICAL SUPPORT FOR THE COREQ: SS DC SHORT
STAY DISCHARGE SURVEY**

Skilled Nursing Facilities (SNFs) can use the following resources to obtain information or technical support with any aspect of the CoreQ: SS DC Short Stay Discharge Survey.

- For general information, important news, updates, and all materials to support implementation of the CoreQ: SS DC Survey:

TBD

- For technical assistance, contact the CoreQ: SS DC Survey Coordination Team as noted below.

By email: coreqdischarge@tantustech.com
By telephone: (833) 841-6343

- CMS-approved CoreQ: SS DC vendors must provide the facility's name and CMS Certification Number (CCN) when contacting the CoreQ: SS DC Survey Coordination Team by email or telephone for technical assistance.

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LIST OF ABBREVIATIONS AND ACRONYMS
COREQ: SS DC SURVEY PROTOCOLS AND GUIDELINES MANUAL

Abbreviation/ Acronym	Term/Phrase
AAPOR	American Association of Public Opinion Researchers
AHCA/NCAL	American Health Care Association/National Center for Assisted Living
AL	Assisted Living
AMA	Against Medical Advice
BIMS	Brief Interview for Mental Status
CAHPS	Consumer Assessment of Healthcare Providers & Systems
CCN	CMS Certification Number (formerly known as the Medicare Provider Number)
CCXP	Care Choice Experience
CMS	Centers for Medicare & Medicaid Services
CoreQ: SS DC	CoreQ Short Stay Discharge
CY	Calendar Year
DHHS	Department of Health and Human Services
DNR	Discrepancy Notification Report
DOB	Date of Birth
ERF	Exception Request Form
FAQ	Frequently Asked Questions (a list of frequently asked questions and suggested responses)
FTC	Federal Trade Commission
FCC	Federal Communications Commission
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
ID	Identification Number
IRB	Institutional Review Board
IRF	Inpatient Rehabilitation Facilities
LTCH	Long Term Care Hospital
MA	Medicare Advantage
MDS	Minimum Data Set
NQF	National Quality Forum
PHI	Protected health information
PII	Personally identifiable information

Abbreviation/ Acronym	Term/Phrase
PRA	Paperwork Reduction Act
QAP	Quality Assurance Plan
QC	Quality Control
RIF	Resident Information File
SIF	Survey Information File
SNF	Skilled Nursing Facilities
QRP	Quality Reporting Program

**COREQ: SS DC SHORT STAY DISCHARGE SURVEY
PROTOCOLS AND GUIDELINES MANUAL
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I. Overview of the Contents of the Protocols and Guidelines Manual

Overview

The CoreQ Short Stay Discharge (CoreQ: SS DC) Survey Protocols and Guidelines Manual (hereafter referred to as the manual) was created by the Centers for Medicare & Medicaid Services (CMS) to provide direction and standardized protocols for conducting the CoreQ Short Stay Discharge® Questionnaire (hereafter referred to as the CoreQ: SS DC). The CoreQ: SS DC Questionnaire is used to measure satisfaction for skilled nursing facilities (SNFs) among short stay residents, those who stay 100 days or less. This chapter provides CMS approved survey vendors and SNFs with a high-level view of the contents of this manual. Each of the manual sections and the appendices is briefly described below.

Introduction and Background

The Introduction and Background chapter offers information about the purpose of the CoreQ: SS DC Questionnaire and history of the CoreQ: SS DC Survey initiative, including a discussion of the questionnaire development and pilot test activities. It also includes information about the sources for more information about the CoreQ: SS DC Questionnaire.

CoreQ: SS DC Survey Participation Requirements

This chapter describes the functions and duties of CMS, the CoreQ: SS DC Survey Coordination Team, SNFs, and approved vendors. Additionally, it includes information on participation rules for the vendor and business requirements for becoming an approved vendor. Information about how to correspond with and obtain technical assistance from the CoreQ: SS DC Survey Coordination Team are also provided in this chapter.

CoreQ: SS DC Survey Methodology

This chapter outlines the process for executing the CoreQ: SS DC Survey. It includes the requirements for the methodology to be followed in administering the questionnaire.

Mail-Only Administration Procedures

The Mail-Only Administration Procedures chapter contains the protocols and guidelines for administering the CoreQ: SS DC Survey as a *mail only* survey. The data collection schedule, production and mailing requirements, data receipt and processing requirements, and quality control guidelines associated with conducting a mail-only mode survey are covered in detail.

Telephone-only Administration Procedures

This chapter provides the procedures and guidelines for the CoreQ: SS DC Survey as a *telephone only* survey. It includes the data collection schedule, electronic data collection and tracking system, telephone interviewing requirements, and quality control guidelines for the telephone-only survey mode.

Confidentiality and Data Security

This chapter contains the requirements and guidelines for protecting the identity of surveyed residents, confidentiality of respondent data, ensuring data security, instructions for handling confidential data, and the importance of confidentiality agreements. Additionally, the chapter covers the importance of establishing and maintaining physical and electronic data security.

Data Processing and Coding

The Data Processing and Coding chapter describes the data processing procedures, including the assignment of a unique identification number (ID) to each case, decision rules for assigning survey disposition codes, quality control measures, and the definition of a completed survey.

CoreQ: SS DC Survey Website

The CoreQ: SS DC Survey website chapter provides detailed information about the CoreQ: SS DC Survey website and data submission processes. This includes screenshots of the data submission tool and instructions for data submission.

File Preparation and Submission

This chapter provides an overview of the description of how to prepare and submit data files following the data file preparation and submission guidelines. More detailed information about the CoreQ: SS DC Survey website and the data submission process, including screenshots of the data submission tool and instructions for data submission, is included.

CoreQ: SS DC Survey Website Reports

The CoreQ: SS DC Survey website reports chapter is an overview of the reports available to all vendors and SNFs through the CoreQ: SS DC Survey website. Reports are briefly described, with an emphasis on the intended audience for each report and how the reports can be used.

Oversight Activities

This chapter gives information concerning the quality assurance (QA) activities that CMS and the CoreQ: SS DC Survey Coordination Team take to make sure that all vendors appropriately administer the CoreQ: SS DC Questionnaire. The chapter includes a discussion of the vendor

Quality Assurance Plan (QAP) and provides an overview of various activities available to the CoreQ: SS DC Survey Coordination Team to ensure compliance with the survey protocols and guidelines.

Exceptions Request Process and Discrepancy Notification Report

The chapter outlines the process used to request an exception to the CoreQ: SS DC Survey Protocols, including guidelines for submitting an Exceptions Request Form. This chapter also describes the process for notifying the CoreQ: SS DC Survey Coordination Team of any unintended discrepancy in data collection procedures.

Appendices

The appendices contain copies of the CoreQ: SS DC Questionnaire, mail survey cover letters, telephone scripts, telephone FAQs, telephone interviewer monitoring guidelines, and the required Office of Management and Budget (OMB) disclosure language. Also included are the XML data file layout and data file specifications, the Vendor Participation Form, and the Exceptions Request and Discrepancy Notification Forms.

The CoreQ Short Stay Discharge Survey Protocols and Guidelines Manual

An electronic file of the CoreQ Short Stay Discharge (CoreQ: SS DC) Survey Protocols and Guidelines Manual and its appendices are available on the project website at TBD.

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II. Introduction and Background

Overview of the CoreQ: Short Stay Discharge (CoreQ: SS DC) Questionnaire and Measure

The CoreQ suite of questionnaires are familiar to the SNF community, and CoreQ: SS DC survey has already been voluntarily adopted by many SNFs with ease. The number of SNFs voluntarily using the CoreQ: SS DC survey has increased from 372 in the first quarter of 2016 to over 1,500 in the third quarter of 2019.¹ Additionally, the measure steward, AHCA, reported that there have been no reported difficulties with the current implementation of the measure, and in fact, providers, vendors, and residents have reported they like the fact that the questionnaire is short and residents report appreciation that their satisfaction (or lack thereof) is being measured.

The CoreQ: SS DC measure is a resident reported outcome measure based on the CoreQ: SS DC questionnaire that calculates the percentage of residents discharged in a 6-month period from a SNF, within 100 days of admission, who are satisfied with their SNF stay. The CoreQ: SS DC measure received initial National Quality Forum (NQF) endorsement in 2016, re-endorsement in 2020, and is a widely accepted instrument for measuring resident satisfaction. The measure includes a parsimonious set of four questions and represents an important aspect of quality improvement and person-centered care.

Development of the CoreQ Short Stay Discharge Survey

In 2012, the American Health Care Association's (AHCA's) Board of Governors chartered a new Committee, the Consumer Experience Committee. One of the purposes of the committee was to develop a satisfaction questionnaire that could be used to measure customer satisfaction and be submitted for NQF endorsement. At the time, there was no standard questionnaire or set of identical questions that could be used to create a single quality measure for use by SNFs or assisted living communities. The American Health Care Association/National Center for Assisted Living (AHCA/NCAL) Consumer Experience Committee, then partnered with Nick Castle, Ph.D., from West Virginia University, to develop five short, reliable, and valid questionnaires called the CoreQ questionnaires. These individual questionnaires could be added to existing surveys or used by itself to collect satisfaction information. This information could then be used to calculate an overall measure of satisfaction.

Focusing in on the SNF setting, the results from the developmental and psychometric analyses identified four primary questions that were reliable and valid across SNFs for short stay residents.

1

Reliability and Validity Testing for The CoreQ: SS DC Questionnaire

Reliability testing included administering a pilot survey to 853 residents, re-administering the survey to 100 of these residents, and then examining results at the data element level, the respondent/questionnaire level and at the measure (that is, facility) level. The data elements of the CoreQ: SS DC measure were found to be highly repeatable, with pilot and re-administered responses agreeing between 94 percent and 97 percent of the time, depending on the question. In other words, the same results were produced a high proportion of the time when assessed in the same population in the same period. The questionnaire level scores were also highly repeatable, with pilot and re-administered responses agreeing 98 percent of the time. Finally, reliability at the measure (that is, facility) level was also strong. Bootstrapping analyses in which repeated draws of residents were randomly selected from the measure population and scores were recalculated showed that 17.82 percent of scores were within 1 percentage point of the original score, 38.14 percent were within 3 percentage points of the original score, and 61.05 percent were within 5 percentage points of the original score. These results demonstrate that the CoreQ: SS DC measure scores from the same facility are very stable across bootstrapped samples.

Extensive validity testing of the CoreQ: SS DC measure's questionnaire was also conducted by the measure steward that included examination of the items included in the questionnaire, the questionnaire format, and the validity of the CoreQ: SS DC measure itself.

First, the measure steward tested the items in the CoreQ: SS DC questionnaire to determine if a subset of items could reliably be used to produce an overall indicator of customer satisfaction. The measure steward started with 22 pilot questions, which assessed an individual's satisfaction with several concepts, such as food, environment, activities, communication, responsiveness, etc. Through repeated analyses, the number of questions was narrowed down to four. The four questions in the CoreQ: SS DC measure's final questionnaire were found to have a high degree of criterion validity, supporting that the instrument measures a single concept of "customer satisfaction," rather than multiple areas of satisfaction.

Next, the validity of the four question CoreQ: SS DC measure summary score was compared to the more expansive set of 22 pilot questions and was found to have a correlation value of 0.94, indicating that the CoreQ: SS DC's questionnaire consisting of four questions adequately represents the overall satisfaction of the facility.

Finally, the measure steward found moderate levels of construct validity and convergent validity when the CoreQ: SS DC measure's relationship with Certification and Survey Provider Enhanced Reports (CASPER) Quality Indicators, Nursing Home Compare Quality Indicators, Five Star Ratings, and staffing levels was examined. Therefore, the CoreQ: SS DC measure's questionnaire format has a high degree of both face validity and content validity.

Since the CoreQ: SS DC measure's original NQF endorsement in 2016, and its subsequent use by SNFs in quality improvement (see section VI.C.2.a.(1)), the measure steward conducted additional testing, including examining the reportability of the measure. Testing found that when the CoreQ: SS DC measure's questionnaires were administered within one week of facility discharge, the response rate was eight percent higher than if it was administered two weeks after facility discharge. The measure steward analyzed responses when they allowed up to two months for a resident to respond and found the average time to respond to the CoreQ: SS DC questionnaire was two weeks, while the response rate dropped much lower in the second month after facility discharge. The measure steward also conducted additional analyses to determine if there was any bias introduced into the responses to the CoreQ: SS DC's questionnaires that were returned during the second month and found that average scores for the questionnaires returned in the second month were almost identical to those returned in the first month.

Finally, the measure steward examined the period required to collect the CoreQ: SS DC measure's data and found that a majority of SNFs (that is, 90 percent) could achieve the minimum sample size of 20 completed CoreQ: SS DC questionnaires necessary for the satisfaction score to be reported as reliable for the SNF, when given up to 6 months. Additionally, once 125 completed CoreQ: SS DC questionnaires were received for a particular SNF within a 6-month reporting period, the measure steward found that including additional CoreQ: SS DC questionnaires had no additional effect on the SNF's satisfaction score. As a result of these additional analyses, the recommendations to allow up to two months for CoreQ: SS DC questionnaire returns, a 6-month reporting period, and a ceiling of 125 completed questionnaires in a 6-month period were incorporated into the CoreQ: SS DC measure's specification.

Survey Mode

The CoreQ: SS DC survey development and data collection activities were primarily conducted using mail surveys. As such, the CoreQ Survey has currently only been tested as a mail survey. During CY2024, the CoreQ: SS DC Survey will undergo mode testing as a telephone survey. Analysis will compare response rates and measure scores with and without mode adjustment by survey mode based on cases being randomized by mode within participating SNFs. The goal is to determine to what extent, if any, survey scores are impacted by the mode of administration. In the meantime, vendors are permitted to offer telephone surveys as an option for their SNF clients.

National Quality Forum Review

The SNF CoreQ: SS DC Measure received endorsement from the National Quality Forum (NQF) in October 2016 and that endorsement was renewed in November 2020. The CoreQ: SS DC is the

only NQF endorsed satisfaction measure for the SNF setting. AHCA/NCAL are the measure stewards²

Office of Management and Budget and Public Comment Process

CMS received approval of the CoreQ: SS DC Survey from the United States Office of Management and Budget (OMB) with control number 0938-TBD.

CoreQ: SS DC Questionnaire

The CoreQ: SS DC Questionnaire contains four primary questions that address resident satisfaction with their short stay (≤ 100 days) in the SNF. Two additional help provided questions are included in the mail survey.

The CoreQ: SS DC Questionnaire is currently available only in English. A version is provided for mail or telephone administration mode on the CoreQ: SS DC Survey website and in *Appendix C*. CMS will provide additional translations and/or survey modes over time. Vendors are not permitted to translate the CoreQ: SS DC into other languages. Please see the CoreQ: SS DC Survey website, TBD for announcements concerning additional translations and modes.

CoreQ Survey Data Collection and Public Reporting

Beginning January 1, 2024, SNFs are required to submit data for the national implementation of the CoreQ: SS DC Survey. SNFs must contract with a vendor to conduct the survey on their behalf.

Vendors wishing to participate in the CoreQ: SS DC Survey must:

1. Meet a set of business requirements, complete the application, and submit it.
2. Complete an *Introduction to the CoreQ: SS DC Survey* training, pass a Training Certification, and take part in all update trainings sponsored by CMS.
3. Be approved by the CoreQ: SS DC Survey Coordination Team and be listed on the CoreQ: SS DC Survey website as an approved vendor.

Vendors may not collect and submit data to CMS until they receive approval to conduct the survey.

For surveys to be conducted in a timely manner, SNFs must first submit a weekly resident information file (RIF) to a contracted vendor. After each quarter of data collection, vendors must

² NQF (2016). *Measure evaluation criteria and guidance for evaluating measures for endorsement*. Endorsed: NQF #2614. Washington DC: NQF. Accessed March 22, 2023. Available [here](#)

submit the survey data collected using the data submission tool function on the CoreQ: SS DC Survey website (TBD) by the data submission deadline. All data submitted are reviewed and scored by the CoreQ: SS DC Survey Coordination Team and measure results are compiled for each SNF.

Sources of Additional Information on the CoreQ: SS DC Survey

For more information concerning the CoreQ: SS DC survey refer to the following websites:

The CoreQ: SS DC Survey Website (TBD)

The CoreQ: SS DC Survey Coordination Team maintains a website, at TBD. (It will be referred to as the CoreQ: SS DC Survey website or as the “website” from this point forward.) The website provides general information about the CoreQ: SS DC Survey. It houses the questionnaire, protocols, and other materials for survey implementation and is the primary method of announcing information about the survey to SNFs and vendors. The website has both public and secure pages.

The public pages contain the following:

- General information about the CoreQ: SS DC Survey.
- Announcements on updates or changes in the survey protocols/materials and participation requirements.
- Requirements on becoming a CMS approved CoreQ: SS DC approved survey vendor.
- Participation Exempt Form (PER) for SNFs.
- Data collection materials, protocols, and guidelines for the administration of the CoreQ: SS DC Survey.
- List of approved vendors.
- Quality Assurance Plan (QAP) requirements.
- All training information and resources.
- Data submission deadlines, resources, and requirements.
- Documents outlining CoreQ: SS DC participation.
- Information on how to access technical assistance.

The CoreQ Short Stay Discharge Survey Protocols and Guidelines Manual is updated regularly to show any changes to participation requirements and changes in protocols, materials, and procedures. In the case of important updates during the intervening times, CMS and the CoreQ: SS DC Survey Coordination Team will use the CoreQ: SS DC Survey website to release the information. This may include information on participation requirements, updates, and any changes made to the survey protocols or materials, information concerning upcoming events (e.g., data submission deadlines or vendor trainings), and public reporting. Any announcements published on the website may provide interpretive guidance or supplant current protocols.

As such, it is necessary that vendors and SNFs, check the CoreQ: SS DC Survey website regularly for updates. To view current announcements, go to the website at TBD and click on “Recent Announcements” at the bottom of the home page or the “Announcement” link under “General Information”. Announcements are listed in sequential order with the most recent announcements listed first.

The restricted-access sections of the website are accessible only to vendors and SNFs currently registered to have access to the links on the secure sections of the website. Links available within this section let SNFs:

1. Grant access to other users within the SNF.
2. Authorize a vendor to submit CoreQ: SS DC Survey data on their behalf, change vendors, and view the SNF’s authorization history.
3. View Data Submission Reports for data provided to the CoreQ: SS DC Survey Coordination Team that were submitted by their designated vendors.
4. Preview their CoreQ: SS DC Survey results before the results are published.

Other secure links on the CoreQ: SS DC Survey website are available for vendors with proper access credentials. These links allow vendors to:

1. Grant access to other users within the vendor organization.
2. View a current list of SNFs that have authorized the vendor to submit data on their behalf.
3. Access the Exceptions Request Form and the Excel template file, and Discrepancy Notification Report to report any alterations to the standardized survey protocols.
4. Access the QAP submission tool.
5. Access the CoreQ: SS DC Survey data submission tool and any reports containing information regarding the submitted data.

6. Access the Schema Validation Tool.

More detailed information concerning the CoreQ: SS DC Survey website is in *Chapter IX* of this manual and in the CoreQ: SS DC Survey Website User and Data Submission Manual Version 1.0 available on the website under the “Data Submission” tab in the “Data Submission Resources” link. The Data Submission Manual is updated annually.

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III. CoreQ: SS DC Survey Participation Requirements

Overview

This chapter outlines the participation requirements for the CoreQ: SS DC Survey, including the roles and responsibilities of CMS and its CoreQ: SS DC Survey Coordination Team, SNFs, and the CMS approved survey vendors administering the CoreQ: SS DC Survey on behalf of the SNFs. It also explains the rules of participation and describes the business requirements vendors must meet to become an approved vendor of the CoreQ: SS DC Survey. This chapter also provides information on how to obtain technical assistance from the CoreQ: SS DC Survey Coordination Team.

Roles and Responsibilities

CMS is responsible for ensuring that the CoreQ: SS DC Survey administration follows standardized survey protocols and data collection and processing methods. They work closely with the CoreQ: SS DC Survey Coordination Team to provide training, technical assistance, and oversight for approved vendors. The CoreQ: SS DC Survey Coordination Team will also provide technical assistance to SNFs, since they are responsible for contracting with an approved vendor to conduct the CoreQ: SS DC Survey on their behalf and for providing the resident information file (RIF) to the vendor. Vendors are then responsible for administering the CoreQ: SS DC Survey on behalf of their client SNFs ensuring the standard protocols and guidelines described in this manual are followed.

The role and responsibilities of each type of organization are described below.

CMS and the CoreQ: SS DC Survey Coordination Team Responsibilities

CMS and the CoreQ: SS DC Survey Coordination Team are responsible for the following activities:

- Approve and maintain a list of CMS-approved CoreQ: SS DC survey vendors.
- Assure information concerning administration of the CoreQ: SS DC Survey is distributed.
- Train vendors on the protocols and requirements of the CoreQ: SS DC Survey.
- Monitor the integrity of the data from CoreQ: SS DC Survey administration to protect the quality and comparability of the data.
- Provide technical assistance for all SNFs and approved vendors via a toll-free telephone number, email, and maintain the CoreQ: SS DC Survey website at TBD.

- Provide oversight and quality assurance of vendors.
- Receive and initiate final processing of the CoreQ: SS DC Survey data submitted by all approved vendors.
- When public reporting begins in the future, create preview reports with the CoreQ: SS DC Survey results for participating SNFs to review prior to public reporting.

Skilled Nursing Facilities Responsibilities

A SNF may be exempt from the CoreQ: SS DC Survey requirement for their first year, based on how recently the SNF received its CCN. The SNF must have received its CCN on or after the first day of the performance year for the CoreQ: SS DC Survey to qualify for this exemption. This is a one-time exemption for each SNF (as identified by CCN). Any SNF qualifying for this exemption will be identified by CMS, so there is no form for SNFs to submit.

For the CY 2024 data collection period, SNFs that get their CCN on or after January 1, 2024, are eligible for a one-time newness exemption. For example, if a SNF gets its CCN any time in 2024 whether it is January or December, it is exempt from survey administration for the remainder of CY 2024. However, the SNF is required to start participating in the CoreQ: SS DC Survey starting in CY 2025.

If the SNF had fewer than 60 short stay discharged resident during the previous year, the SNF may request a low volume exemption. To do this, a SNF must submit a Participation Exemption Request (PER) form. The PER form is available on the CoreQ: SS DC Survey website at TBD. SNFs will need to submit a new PER each year for which they want to seek a low volume exemption

If a SNF is eligible to take part, it must follow the requirements listed below.

- Contract with an approved vendor.
- Authorize the contracted vendor to collect and submit CoreQ: SS DC Survey data to the CoreQ: SS DC Survey Data Center on their behalf.
- Work with their approved vendor to determine a date each week by which the vendor will need the RIFs, allowing sufficient time for the vendor to administer the survey within 7 days of receiving the RIF.
- The SNF must create and deliver to the vendor complete and accurate RIF of discharged short stay residents (i.e., with a stay of ≤ 100 days) that will allow the vendor to administer the survey.

- Use a secure method to transmit the encrypted resident information files to the vendor.
- Establish a timeframe for the vendor to submit data to the CoreQ: SS DC Survey Data Center that follows the Skilled Nursing Facility Quality Reporting Program data submission deadlines as outlined on the [Skilled Nursing Facility\(SNF\) Quality Reporting Program \(QRP\) Data Submission Deadlines](#) webpage.
- Review the online Data Submission History Report to ensure their vendor has correctly submitted data to the CoreQ: SS DC Survey Data Center on time and without data issues. SNFs should ensure the vendor has allowed sufficient time prior to the quarterly data submission deadlines since data cannot be submitted once the deadline is passed.
- Avoid influencing residents about how to answer the CoreQ: SS DC Survey. For example, SNFs may not distribute information to residents about how to respond to the survey. (Please refer to the next section entitled “Communications with Residents About the CoreQ: SS DC Survey”.)

Communicating with Residents Concerning the CoreQ: SS DC Survey

It is essential to avoid even the appearance of influencing resident responses to the CoreQ: SS DC Survey. As such, any time the SNF passes information or has communication with a resident about the survey, it may introduce a bias to the results. It is acceptable that the SNF may tell the residents that they may be asked to participate in a resident satisfaction survey. SNFs may give the resident this information either in writing or verbally with their discharge instructions. The information provided to residents may include the following messaging:

- The SNF is taking part in the survey to learn more about their resident satisfaction with the facility, staff, and the care they received.
- Residents will be asked to take part in a survey asking about their satisfaction with the SNF.
- Let the resident know they will be receiving the survey in the mail or via a telephone call.

SNFs may **NOT** do any of the following actions:

- Give a copy of the CoreQ: SS DC Questionnaire or cover letter to the residents.
- Ask any CoreQ: SS DC or similar questions of residents before they receive the questionnaire or after their discharge.
- Include language or phrases directly from the CoreQ: SS DC in marketing or promotional materials.

- Try to influence their residents' responses to the CoreQ: SS DC Survey questions.
- Tell residents' that the SNF hopes or expects residents will give them the highest or best ratings or to respond in a particular way to the questions.
- Imply or state that the SNF or its staff will receive a reward based on positive feedback from residents.
- Offer incentives of any type to the residents for participation in survey.
- Include any information or materials that promote the SNF or its services in survey materials, including the Questionnaire or cover letters.

SNFs should not ask if the resident would like to be included in the survey. All residents taking part in the CoreQ: SS DC Survey must be free to decide on their own if they wish to participate. They will have the option to participate or not as part of the survey process.

Administering the CoreQ: SS DC Questionnaire in Conjunction with Other Questionnaires

Some SNFs might want to administer other resident surveys to guide internal quality improvement activities. For this project, a "survey" is defined as a formal resident experience or another satisfaction survey. Despite the data collection mode, the basic point of a formal survey is to ask standardized questions of the resident population. SNFs that elect to administer other questionnaires must follow these guidelines when incorporating the CoreQ: SS DC questionnaire subset of questions.

Because of the assurance of confidentiality in the CoreQ: SS DC Survey cover letter, vendors are not allowed to share the identities of residents who are surveyed for the CoreQ: SS DC Survey with their SNFs.

These guidelines are strongly recommended if the SNF plans to administer other questionnaires in association with the CoreQ: SS DC Survey and will be using the vendor to undertake the additional work:

- In other surveys that a SNF may undertake, the organization can include questions that ask for more in-depth information about CoreQ: SS DC issues but should not repeat the CoreQ: SS DC questions or include questions that are very similar.

Regarding the content of other SNF surveys, they may include more in-depth questions that ask about resident satisfaction.

The CoreQ: SS DC questions, when added to another questionnaire, should always be grouped together with an introduction sentence: "The following questions are part of a national initiative

to measure the quality of skilled nursing facilities”. It is required that the CoreQ: SS DC questions appear first on the survey, when used as part of a larger, longer survey. It is recommended that the primary (questions 1 through 4) and “Help Provided” questions (questions 5 and 6) be distinguished in some way, such as a box highlighting the questions.

Vendor Roles and Responsibilities

The list below outlines the roles and responsibilities of vendors on the CoreQ: SS DC Survey. Additional details are supplied in later chapters.

- Complete and submit the Vendor Application. The submission deadline is available on the CoreQ: SS DC Survey website (available on the CoreQ: SS DC Survey website (TBD)).
- Take part and successfully complete the annual Introduction to the CoreQ: SS DC Survey training and all other training updates.
- Individuals who are unable to attend the annual training or who start employment with a vendor during the year must take part and successfully complete the self-paced Introduction to CoreQ: SS DC Survey Training and all other training updates.
- Specifically, the vendor’s CoreQ: SS DC Survey Project Director, Mail Center and Call Center Supervisor, and Programmer, must successfully complete and pass the Training Certification.
- Certify that all vendor staff working on the CoreQ: SS DC Survey have received training and are following the CoreQ: SS DC Survey protocols and guidelines.
- Follow all participation requirements laid out in the “Vendor Requirements” section of the Vendor Application.
- Working with the SNF staff, create RIFs, including data elements needed and file format specifications (see *Appendix F*). Additionally agreeing upon a date each week when the SNF must provide the RIF.
- Undertake quality control checks of the RIFs provided by the SNFs to make sure they have the required data elements.
- Administer the CoreQ: SS DC Survey based on the protocol specified in *Chapter V* and *VI* and manage the quality of work done by staff and any subcontractors (if applicable).
- Ensure that each client SNF has approved the vendor to submit data on the SNFs behalf.

- Prepare and submit data files to the CoreQ: SS DC Survey Data Center following the guidelines in **Chapters VIII** and **IX** of this manual and in the *CoreQ: SS DC Survey Website User and Data Submission Manual Version 1.0*.
- Review all data submission reports for client SNFs to confirm that data have been successfully uploaded and received by the CoreQ: SS DC Survey Data Center.

Vendor Participation Requirements

Organizations interested in becoming an approved vendor for the CoreQ: SS DC Survey must agree to the following requirements (as specified in Section VI of the Vendor Participation Form (*Appendix A*) and outlined below.

- Successfully complete the self-paced Introduction to the CoreQ: SS DC Survey training and take part in any additional update trainings. The vendor's Project Director, Mail Center and/or Call Center Supervisor, and Programmer for the CoreQ: SS DC Survey must finish the self-paced Introduction to the CoreQ: SS DC Survey training and attend all other trainings provided by CMS. The vendor staff must complete the post-training certification exercise, (the Training Certification), after finishing the Introduction to CoreQ: SS DC Survey Training.
- Update training sessions will be done via Webinar. Vendors will need to register in advance for and attend the sessions. When offered, each update training session will usually be a single two-to-three-hour session. They will be recorded and posted on the CoreQ: SS DC Survey website TBD for reference.
- All vendors must review the CoreQ: SS DC Short Stay Discharge Survey Protocols and Guidelines Manual and follow the protocols and procedures during survey administration. This manual is the primary resource for all vendors to use when executing the CoreQ: SS DC Survey, from data collection to file development and submission. Vendors are expected to refer to this manual regularly and follow all protocols contained in it.
- Check the CoreQ: SS DC Survey website regularly to see announcements, policy, and protocol updates, and to review and respond to emails from the CoreQ: SS DC Survey Coordination Team (emails will come from coreqdischarge@tantustech.com).
- Create and submit a Quality Assurance Plan (QAP), as outlined in **Chapter XI** of this manual and the model QAP in **Appendix G**. All approved vendors must complete and submit a QAP within six weeks after the vendor's first quarterly CoreQ: SS DC Survey data submission. The vendor must update the QAP at least annually or when needed if changes are made to key personnel, survey modes being administered, or protocols. All QAPs must include the following:

- Organizational background and staff experience.
 - Work plan.
 - Quality assurance processes.
 - Survey administration protocols.
 - Data security, confidentiality, and privacy protocols.
 - Copies of the survey instrument (questionnaire and/or computer-assisted telephone interviewing (CATI) script) and cover letters.
- Take part and cooperate with all oversight activities initiated by the CoreQ: SS DC Survey Coordination Team, including (but not limited to) conference calls and site visits, as believed to be necessary. The CoreQ: SS DC Survey Coordination Team may ask for teleconference calls with vendors to go over survey protocols, file submissions, and any other part of the data collection process. Documentation and requirements for vendors to follow considering these oversight activities are outlined in the Vendor Participation Form (*Appendix A*) and in *Chapter XI* of this manual.
 - Review and agree to the participation requirements as laid out in Section VI of the *Vendor Participation Form* and described above. Vendors who fail to follow or comply with the participation requirements risk losing their status as an approved vendor.

Vendor Business Requirements

Vendors must have proven experience in conducting mail and/or telephone surveys. Additionally, any organization that owns, operates, or provides staffing for a SNF is not allowed to administer its own CoreQ: SS DC Survey or administer the survey for any other SNFs. CMS believes that an independent third party (vendor) will be better able to solicit unbiased responses to the CoreQ: SS DC Questionnaire. As such, CMS requires that SNFs contract with an independent, CMS approved survey vendor to administer the CoreQ: SS DC Survey to discharged short stay residents on their behalf.

The following types of organizations are **NOT** eligible to administer the CoreQ: SS DC Survey (as an approved vendor):

- Organizations or divisions within organizations that own or operate a SNF.
- Organizations providing telehealth, remote monitoring of SNF residents, or teleprompting services for SNFs.

- Organizations that provide staffing to SNFs.

Vendors seeking approval as a vendor must have the capability and capacity to collect and process all survey-related data for the mail and/or telephone survey mode for the CoreQ: SS DC Survey following standardized procedures and guidelines. To be compliant with CoreQ: SS DC oversight requirements, including site visits at the vendor's location, applicant vendors must conduct all CoreQ: SS DC Survey related operations within the continental United States. The business requirements that vendors must meet are described in the following sections.

Relevant Business Experience

All vendors must have the necessary relevant business experience, including a:

- minimum of three years in business,
- minimum of two years administering surveys with person-level surveys, and
- minimum of two years conducting surveys in the selected data collection mode.

All vendors must:

- Have experience conducting surveys of individuals responding about their own personal experiences, i.e., not on individuals responding on behalf of a business or other organization (e.g., establishment or institution level surveys).
- Show that the applicant vendor has at least two years of experience conducting surveys of individuals. If the vendor has an employee with the relevant experience that was obtained at a different organization, that experience does NOT count toward the two-year minimum of survey experience.
- Currently have in place all the required facilities and systems to execute the CoreQ: SS DC Survey. CMS and its CoreQ: SS DC Survey Coordination Team reserves the right to request photographs and/or video of the applicant organization's telephone call center for organizations applying for the telephone mode, scanning and data processing systems if applying for the mail mode, and other relevant equipment and facilities.

The following types of data collection activities are NOT considered to satisfy the requirements of experience conducting surveys of individuals, and will not be considered as part of the necessary experience:

- Polling questions given to trainees or participants of training sessions/educational courses, seminars, or workshops.

- Focus groups, cognitive interviews, or other qualitative data collection activities.
- Surveys of less than 600 participants.
- Internet or web-based surveys.
- Interactive Voice Recognition surveys.

Survey Capabilities and Capacity

Personnel

All vendors must have the following types of personnel available for the project:

- Project Manager with survey experience,
- Mail Center Supervisor with at least one year of experience,
- Call Center Supervisor with at least one year of experience, and
- Programmer able to process data and prepare data files for electronic submission.

Facilities and Systems

All vendors must have the following facilities and systems currently in place:

- Physical facilities for processing and storage of all data collection materials.
- Computers and any other equipment needed for survey implementation (e.g., scanners, printers, CATI or alternative electronic data collection system, data entry system).
- Electronic survey management system to track administered surveys throughout the data collection period.
- Call center or telephone bank facilities for telephone survey implementation.
- Toll-free telephone customer service line to receive and address telephone inquiries from survey participants. They must also have Teletypewriter (TTY) capabilities for the customer service telephone line.
- A customer service email address to address email inquiries from survey participants.
- Secure commercial work facilities for receiving, processing, and storing hardcopy questionnaires or hardcopy RIFs provided by SNFs that protect the confidentiality of resident response data and personally identifying information.

- Work with individual SNFs on RIFs, varying from paper to electronic file formats, so quality control checks can be performed on both the census frame and surveyed respondents by the CoreQ: SS DC Survey Coordination Team.

Table 3.1: Mail and Telephone Survey Requirements details the vendor mail and telephone survey requirements for administration of the CoreQ: SS DC Survey.

Table 3.1: Mail and Telephone Survey Requirements

	Mail only	Telephone only
Obtain and verify addresses and/or telephone numbers of all survey eligible residents	√	√
Assign a unique ID number to each survey eligible resident and match the ID to the status/outcome of each respondent	√	√
Print professional quality questionnaire and materials	√	
Assemble and mail survey materials	√	
Receive and process (key entry or scanning) completed surveys received	√	
Develop computer programs for CATI or alternative electronic system instruments		√
Collect data using CATI or an alternative electronic system		√
Track and identify nonrespondents for follow-up	√	√
Provide a toll-free telephone number for customer support and respond to calls from respondents within one to two business days after each call	√	√
Provide a customer support email address and respond to emails from respondents within one to two business days after receiving the email	√	√
Assign final status codes to describe the disposition of each survey or case	√	√

Data Processing and File Submission

Vendors must be able to:

1. Scan or key enter respondent survey data and develop data files, edit, and clean data according to standard protocols.
2. Submit data electronically in the specified format (XML) via the CoreQ: SS DC Survey website.
3. Follow standard data cleaning and submission rules for Survey Information File (SIF) submission, including:
 - a. Verification the data are de-identified and contain no duplicate cases; and

- b. Verification that the XML file is correctly formatted with the proper data headers and records.

Vendors must also work with the CoreQ: SS DC Survey Coordination Team to resolve data and data file submission issues.

Adherence to Quality Assurance Guidelines

All vendors must show experience integrating quality assurance guidelines into data collection and data processing activities. Vendors must be able to incorporate well-documented quality control practices for the mode(s) they receive approval for, these include:

- In-house training of all staff involved in the survey operations.
- Receipt and processing of RIFs.
- Printing and mailing survey cover letters and surveys.
- Telephone administration of the survey.
- Coding and editing of survey data and survey-related materials.
- Scanning or keying survey data.
- Preparation of the final SIFs for submission.
- All other functions and procedures that impact the administration of the CoreQ: SS DC Survey.

Vendors must also maintain:

- Electronic or hard copy files of individuals who received training and the training dates.
- Electronic or hard copy records of mailing dates.
- Other documents needed to allow the CoreQ: SS DC Survey Coordination Team to review implemented processes.
- Documentation of actions required (and taken) resulting from any decisions made by the CoreQ: SS DC Survey Coordination Team during a site visit.

Subcontractor Requirements

If the vendor is using a subcontractor in any capacity on the CoreQ: SS DC Survey, they are required to complete the necessary sections of the Vendor Participation Form (*Appendix A*) about each subcontractor. The information requested about the subcontractor's capabilities is like that required for vendors. Details must be provided concerning the capabilities and capacity of the subcontractor to handle mail and/or telephone survey activities. Furthermore, information must be provided concerning the subcontractor's quality assurance practices, data security policies, and facilities and systems.

If a vendor's subcontractor will be undertaking substantive work to support the implementation of the CoreQ: SS DC Survey, the subcontractor is strongly urged to complete the Introduction to CoreQ: SS DC Survey Training and attend all other training sessions. "Substantive work" is defined as:

- Processing of returned surveys,
- Telephone survey data collection (i.e., if an approved vendor is subcontracting telephone data collection activities), and
- Construction or submission of the XML data files.

If the applicant vendor is using a subcontractor to do any substantive work as defined above, the subcontractor is subject to the same requirements as the vendor.

Additional Requirements

CMS and the CoreQ: SS DC Survey Coordination Team reserve the right to ask for additional information from any applicant to help in the determination of whether approval status will be granted. Information may include:

- Taxpayer Identification Number (TIN).
- Website address.
- Detailed descriptions of previous surveys conducted that show data collection capabilities.
- Photographs or videos of the organization's facilities and systems.
- Resumes of key staff, that show experience with data collection and computer programming.

- Descriptions of procedures, including treatment of confidential data, control or tracking systems, quality assurance practices, and XML file construction.

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IV. CoreQ: SS DC Survey Methodology

Overview

This chapter outlines the procedures that vendors should follow when receiving a RIF from a SNF, identifying residents eligible for the survey, and creating the census frame. The sections are organized in the chronological order in which they take place.

Step 1: Obtain a RIF from each SNF.

Step 2: Check the RIF for completeness and work with the SNF to obtain any missing data elements. Process and check the file for duplicate information.

Step 3: Identify all survey-eligible residents.

Step 4: Determine a Census Frame.

Step 5: Verify and update resident contact information.

Step 6: Assign a unique ID number to each survey-eligible resident.

Step 7: Finalize the weekly data file and initiate data collection activities.

Documenting Survey Methodology for Vendor Oversight

Vendors need to document all steps in their methodology for survey oversight purposes, since the CoreQ: SS DC Survey Coordination Team will check each vendor's processes and documentation for oversight purposes.

Step 1: Obtain RIFs from each SNF.

RIF information files

SNFs must submit a RIF no less than weekly to their contracted vendor. Vendors need to work with each SNF to obtain all required data elements for every short stay resident discharged during the reporting week and ensure that the SNF provides these data by an agreed-upon date each week. Vendors should receive a RIF from the SNF that contain specific information about all residents admitted for post-acute care and discharged ≤ 100 days of admission during the previous week. The RIF must contain both the facility level and resident level data. The file should include residents served by the same SNF CCN.

Resident Eligibility Requirements

The RIF submitted to vendors must contain all short stay residents discharged within 100 days or less of admission.

The SNF should **EXCLUDE** any resident who meets one of the following criteria:

- **State-Regulated Residents.** Some states have additional laws and regulations that oversee the release of resident information for residents with specific conditions or illnesses, and for other special resident populations, including residents with HIV/AIDS. It is the SNFs responsibility to identify the applicable state laws and regulations, then exclude residents from the RIF as required.
- **No Publicity Residents.** SNFs also need to exclude information about no publicity residents from the RIFs. These are residents that have requested that their SNF not release their identity to anyone outside the SNF. This designation is usually given when they enter the SNF.

Information Needed from Each SNF at the Facility Level

The facility-level data elements that SNFs are required to submit to their contracted vendor are listed in Table 4.1.

Table 4.1: SNF Facility Level Data Elements Required in RIF

Data Element	Rationale
SNF Name	Survey administration and analysis
SNF CMS Certification Number (CCN)	Survey administration and analysis
National Provider Identifier (NPI).	Survey administration and analysis
Reporting week (CY).	Survey administration and analysis
Reporting Year (CY).	Survey administration and analysis
Number of eligible short stay residents discharged in the reporting week.	Survey administration and analysis

Information Needed from SNFs at the Resident Level

SNFs need to provide all the information shown in Table 4.2 for each short stay resident discharged during the reporting week. The information the SNF provides allows the vendor to survey the eligible residents and is used by the CoreQ: SS DC Survey Coordination Team for further data analysis.

Table 4.2: Information Needed from SNFs for Each Short Stay Resident Discharged During the Reporting Week

Data Element	Rationale
Resident's full name (First Name, Middle Initial, and Last Name as separate fields)	Survey administration
Gender	Survey administration and analysis
Resident's date of birth (MMDDYYYY)	Survey eligibility and quality assurance
Mailing address (Resident Mailing Address 1, Resident Mailing Address 2, Address City, Address State, Address Zip Code, Email Address, and Telephone number (as separate data fields))	Survey administration
Payer(s) (Unknown, Medicare, Medicaid, private health insurance, other)	Survey analysis
HMO indicator	Survey analysis
Dual eligibility status (Medicare and Medicaid)	Survey analysis
End Stage Renal Disease (ESRD)	Survey analysis
Resident date of admission (MMDDYYYY)	Survey eligibility
Resident discharge date (MMDDYYYY)	Survey eligibility
Brief Interview Mental Status (Range 1 to 15; 99 if resident is unable to complete)	Survey eligibility
Discharge status	Survey eligibility
Left against medical advice	Survey eligibility
Court appointed guardian	Survey eligibility
Ethnicity	Survey analysis
Race	Survey analysis
Resident's preferred language	Survey administration

Many of these data elements that SNFs will have to include in the RIF are available in the Minimum Data Set (MDS) record or the billing/administrative records.

Definition and Explanation of Some of the Data Elements Required from SNFs

- Resident date of birth. Residents must be 18 years of age or older by the end of the reporting week in which they are eligible to take part in the CoreQ: SS DC Survey.
- Resident's mailing address. This is needed so that the vendor can mail the survey, even if a telephone survey is planned. For telephone surveys, the mailing address for each patient is needed so that the vendor can obtain or verify the resident's telephone number. The SNF provides the initial contact information, but vendors are encouraged to use address verification services to ensure the contact information is current.

- Payment source. Include the source(s) of payment for the resident’s SNF stay. Please note that there may be multiple payers. The SNF should give the vendor information on all applicable sources of payment for the care. The vendor will then provide all sources of payment for the resident’s care in the SIF submitted to the CoreQ: SS DC Data Center.

If the SNF does not include the source of payment in the RIF, the vendor should contact the SNF to obtain the source of payment.

If the payment source is missing for a resident, the vendor must enter the missing code for this data element for the resident when submitting the file to the CoreQ: SS DC Data Center.

- HMO Indicator. This is an indicator of whether the resident is enrolled in a health maintenance organization (HMO). An HMO coordinates resident care through a network of providers who contract with the HMO to provide care for a monthly fee. This should be coded “yes” if the resident is enrolled in a Medicare Advantage (MA) plan or a Medicaid managed care plan.
- ESRD indicator. ESRD is an indicator of whether the resident has End-Stage Renal Disease (ESRD). This indicator should be coded “yes” if any of the following diagnosis codes are present: I12.0, I13.11, I13.2, N18.6, Z91.15, or Z99.2.
- Refer to *Appendix B* for a description of the remaining variables.

Surveying Non-Medicare/Medicaid Residents

All short stay discharge residents are eligible for the CoreQ: SS DC Survey, regardless of payer.

Protocol if No Short Stay Residents were Discharged in the Reporting Week

If the SNF does not discharge any short stay residents during the reporting week, the SNF must still submit a RIF or an email notification to its vendor specifying there were no short stay residents discharged during the reporting week. Vendors must keep the RIF or email notification for a minimum of 24-months, for review during the site visits.

If the SNF sent an email notification that no short stay residents were discharged during a reporting period, the vendor must still create and submit an XML file for that reporting period. The vendor must indicate on the file that there were zero eligible residents in the number of eligible residents data element and enter all other required Header Record information in the XML file (refer to *Chapter IX* in this manual for additional information about data file preparation and submission). In the case, where a vendor does not submit a zero eligible file, CMS and the CoreQ: SS DC Survey Coordination Team will view the SNF as having “missed” a reporting period. The SNF

may be considered as being noncompliant with the CoreQ: SS DC Survey participation requirements.

Step 2: Examine the Weekly RIF for Completeness.

Vendors need to examine the RIF provided by the SNF to make sure that the necessary information for determining eligibility for the questionnaire is available in the file. If resident information is missing, the vendor should work with the SNF to get the missing information.

Vendors need to confirm that the RIF received does not contain “duplicate” information, i.e., ensure that a resident is not in the file more than once *and* does not have overlapping dates of service. Note that all vendors are required to retain the original RIFs submitted by the SNFs for possible audits by CMS and the CoreQ: SS DC Survey Coordination Team. Since the RIF is used to create the census, the vendor needs to make a copy of the RIF and “de-duplicate” the **copy** of the RIF.

Step 3. Identify Eligible Residents and Construct a Census Frame.

After receiving the RIF from the SNF, vendors need to identify all eligible short stay residents.

Vendors are required to identify eligibility for all short stay residents. The following provides the eligibility and exclusion criteria.

Survey eligibility criteria:

- Residents who are at least 18 years of age by the end of the reporting week,
- Residents whose SNF stay was paid by ANY payer, including self-pay,
- Residents who stayed 100 days or less from the date of admission in a SNF,
- Residents who are discharged to the community, includes discharges to home or to assisted living facilities, and
- Residents who are not deceased.

The vendor should **EXCLUDE** any resident who meets one of the following criteria:

- Discharged to a hospital, another SNF, nursing home, psychiatric facility, Inpatient Rehabilitation Facilities (IRF), intermediate care facility, or Long-Term Care Hospital (LTCH),
- Discharged to hospice,

- Have dementia impairing their ability to answer the questionnaire defined as having a Brief Interview for Mental Status (BIMS) score on the MDS as 7 or lower*,
- Have a court appointed guardian,
- Left Against Medical Advice (AMA),
- Died during their SNF stay, or
- Have a foreign address or (missing address AND missing telephone number AND missing email address).

Refer to *Appendix F* for an example of a vendor census frame file layout. Vendors must retain the RIFs submitted by all SNFs for 24-months for audit and quality assurance purposes. All vendors must also keep the census frame created for each reporting week for 24-months. Vendors also need to record and keep the documentation outlining reasons why residents were excluded from the census frame created for each SNF for each reporting week and provide documentation of all staff quality control checks completed during the census creation process. This documentation is part of the review process by the CoreQ: SS DC Survey Coordination Team during site visits.

Step 4: Determine a Census Frame.

Since this is a survey of a census of short stay resident discharges, no sampling is required. However, vendors can expect variability in the number of resident discharges each week and the number eligible for the survey because resident characteristics will change.

There is no upper limit to the number of residents who may be surveyed. However, once a SNF has reached **63 completed surveys** in a calendar year (CY) quarter the SNF can stop surveying, but they are required to continue to submit a RIF. Meaning that vendors are still required to submit data indicating that the limit has been reached. All short stay residents discharged from a SNF over the 63 completed survey threshold will receive a disposition code of 410 (reached quarterly maximum, survey not sent).

Step 5: Verify or Update Resident Contact Information.

It is recommended that vendors send all SNF-provided resident contact information through an outside address service, such as the National Change of Address (NCOA) or a similar provider, to validate or revise resident contact information. Conducting these quality control activities before the start of data collection results in fewer surveys returned as undeliverable.

Even if an address cannot be acquired for a resident, the resident is still eligible for inclusion in the census frame, if they meet all other eligibility criteria. Residents with a foreign mailing address are considered ineligible for the survey.

Vendors should also note that in Step 2, that they were to have received contact information for all residents. If the SNF does not provide an address, telephone number, or email address for a resident on the RIF and this is not fixed in Step 2, the vendor should contact the SNF again for the missing resident information for all residents contained in the original data file. This must be completed within 7 days of receipt of the RIF.

Vendors should also note that even if contact information cannot be obtained for a resident, the resident is still eligible for inclusion in the census frame if they meet all other eligibility criteria. If an address cannot be found, or the address that is found is too incomplete for mailing, the vendor should treat the resident as eligible and assign the appropriate final disposition code to the case (330 – Bad Address/Undeliverable Mail, or No Address) (see *Chapter VIII*).

Step 6: Assign Unique Identification Numbers.

All vendors must assign a unique **alphanumeric** identification (ID) number to every resident receiving a CoreQ: SS DC questionnaire. Vendors should use the ID to track efforts to complete the survey with each resident during the data collection period. When creating and giving ID numbers to residents, use the following guidelines:

- The ID number given to a resident cannot contain any combination of letters or numbers linking the ID to a particular resident or SNF. For example, nothing of the resident's name, address, date of birth, telephone number, Social Security number, or dates of service in the SNF, or a SNF CCN can be part of the unique ID created and given to the respondent.
- The ID can be a numeric or alphanumeric data variable. However, it must have a minimum length of six and a maximum length of 16 characters.
- Vendor must *never* reuse ID numbers, i.e., once an ID number is assigned, it can never be used again for any resident. Vendors must give new ID numbers to the new set of residents they receive weekly.
- If the same resident is surveyed more than once in a calendar year or across multiple calendar years, the resident must receive a new ID number each time.

Step 7: Finalize the Weekly Survey File and Initiate Data Collection Activities.

Although CoreQ: SS DC Survey data are analyzed on a quarterly basis, the census frame development and data collection are conducted weekly. Vendors must mail or initiate data collection activities within 1 week (7 days) after receiving the RIF from the SNF.

All data for each weekly survey must be completed within 8-weeks (56 days) after data collection starts. For the mail surveys, this means that data collection must end 8-weeks after the first survey is mailed. For telephone surveys, data collection must end 8-weeks after the first telephone attempt is made.

CMS recognizes on occasion a SNF may have a situation where they are unable to provide the RIF in a timely manner for the vendor to start the survey process within 7 days after the reporting week ends. In this case, the vendor must submit a Discrepancy Notification Report (DNR) (refer to *Chapter XI*), for each SNF that does not send in the RIF.

If the survey cannot be initiated within 7 days after the reporting week ends because of a natural disaster (e.g., earthquake, flooding, etc.), snow or severe weather emergencies, fires, extreme computer problems, or for some other reason, the SNF may file an Exceptions Request Form (ERF).

Issues for Quality Assurance

Based on the national implementation of other Provider Surveys, CMS has observed some common misconceptions and problems. For quality assurance purposes, below lists many of the most common misconceptions, paired with the proper implementation method that vendors should use to avoid these issues.

Resident Eligibility Criteria

1. **Misunderstanding:** Residents with missing or incomplete mailing addresses were considered ineligible for the CoreQ: SS DC Survey.

Correct Implementation: Residents with missing or incomplete mailing addresses are eligible for inclusion in the CoreQ: SS DC Survey if they meet all other eligibility criteria. Vendors should attempt to obtain complete contact information from the SNF. We also recommend that vendors use address lookup services to confirm or obtain residents' mailing address or telephone number. See *Chapter VIII* for guidance on the final disposition code assignment if contact information cannot be obtained.

2. **Misconception:** If two or more short stay SNF residents are in the same household, only one resident in the same household or at the same address is eligible to receive the CoreQ: SS DC Survey.

Correct Implementation: This is not an eligibility standard for the CoreQ: SS DC Survey.

3. **Misconception:** If the SNF does not serve any residents who meet the survey eligibility criteria, the SNF does not need to submit a RIF to its vendor for that reporting week or notify them in any way.

Correct Implementation: To conform with the CoreQ: SS DC Survey participation requirements for the SNF QRP, all Medicare-certified SNFs taking part in the CoreQ: SS DC Survey must submit a RIF to their vendor(s) for each reporting week or send an email notification that no short stay residents were discharged in a particular reporting week. The vendor must then submit a SIF to the CoreQ: SS DC Survey Data Center for each reporting week on a quarterly basis. Otherwise, the SNF will be to have “missed” a week of survey participation and may be deemed noncompliant with the SNF QRP reporting requirements.

5. **Misconception:** Residents missing information on the source of payment are ineligible.

Correct Implementation: If the source of payment is missing on the RIF, the vendor should contact the SNF to obtain the source of payment. If the SNF cannot provide the source of payment, the vendor must consider the resident as eligible for the survey if he or she meets all other eligibility criteria. The CoreQ: SS DC Survey is to be given to all short stay residents regardless of payer.

6. **Misconception:** Vendors should remove residents from the number of eligible residents (i.e., the denominator) on the XML file if the residents were identified as having died or they stayed longer than 100 days.

Correct Implementation: The number of eligible residents’ data element in the XML file must reflect the number of eligible residents included in the RIF and must include residents later identified as ineligible for the survey during the data collection period. Do NOT take these ineligible residents out of the total number eligible count.

Documentation Requirements

1. **Misconception:** An ID number can be used more than once.

Correct implementation: Once an ID number is assigned, it must never be used again. If a resident is surveyed more than once, a new ID number must be assigned to the resident each time he or she is surveyed. During the process of creating the resident mailing file, all vendors should check the file to ensure that the same ID number is not given to two different residents and that the ID has not been used previously.

2. **Misconception:** Vendors do not need to keep the documentation of ineligible residents.

Correct Implementation: Vendors must retain a separate file or list of each resident determined to be ineligible and the reason the resident was ineligible. This allows someone other than the person overseeing the survey to conduct quality control, as a second person can easily check to ensure the correct residents were excluded. This information is also part of the review process during site visits.

Processing Resident Administrative Data

1. **Misconception:** If a SNF changes/switches vendors, the current vendor must provide a RIF about all residents surveyed in the preceding reporting weeks so the new vendor can exclude those residents from the census frame.

Correct Implementation: Vendors do not need to provide the new vendor with a RIF of resident surveyed in the last 6 months.

Quality Control Procedures

1. **Misconception:** It is okay for SNFs not to provide all the resident information required for administering the survey and for data analysis.

Correct Implementation: SNFs may vary in the completeness of the resident information included on the RIF they submit to their vendor. SNFs are urged to provide complete resident information on each RIF. Otherwise, the SNF may be deemed noncompliant with the SNF QRP reporting requirements.

2. **Misconception:** Vendors who have automated the receipt and processing of the RIF and the resident eligibility checking do not need to create additional quality control procedures, because the programs and algorithms used for these processes were fully tested during development.

Correct Implementation: All vendors must have in place and implement quality control procedures on the entire process, including receipt and processing of the RIF and resident eligibility checks for each reporting week for each SNF, including vendors who use automated systems/procedures.

V. Mail Administration Procedures

Overview

This chapter outlines the requirements and guidelines for executing the mail mode of CoreQ: SS DC Survey administration. The chapter starts with a discussion of the mail survey protocol and schedule, followed by the requirements for creating all mailing materials, including the questionnaire, cover letter, and envelopes. Procedures on how the survey packages should be mailed and data processing guidelines, including optical scanning and data entry, are given in this chapter. It also gives suggestions for incorporating quality control activities into the mail survey mode of administration.

Data Collection Schedule

Data collection for each respondent must be started within 1 week (7 days) after receiving the RIF from the SNF. The timing of the mail process is shown in Table 5.1: Mail Administration Schedule and Protocol.

Table 5.1: Mail Administration Schedule and Protocol

Activity	Timing
Mail initial questionnaire with cover letter to respondents	No later than 1 week (7 days) after receiving the RIF from the SNF
If mailing a second questionnaire with cover letter to all respondents who do not respond to the first questionnaire mailing	Approximately 4 weeks (28 days) after the first survey is mailed
Complete data collection	8 weeks (56 days) after the first survey is mailed
Submit data files to the CoreQ: SS DC Survey Data Center through the CoreQ: SS DC Survey website	See the data submission deadlines on the CoreQ: SS DC Survey website

If the 7th day after receiving the resident information file falls on a weekend or holiday, vendors should make a good faith effort to begin the survey process on the business day before the weekend or holiday. However, the vendor may mail the questionnaire on the first business day after the weekend or holiday if necessary.

As described in *Chapter IV*, vendors must make a rigorous attempt to start the survey for each week, within 7 days of receiving the resident information file.

Surveys returned after the 8 week (56 days) data collection period has finished are considered nonresponses and should be coded that way.

Production of Surveys, Letters, and Envelopes

The prerequisites for creating all materials needed for the mail survey packages are outlined below. Note that currently the mail version of the questionnaire is available in English only. All survey materials are available in *Appendix C* and on the CoreQ: SS DC Survey website at TBD. The Paperwork Reduction Act (PRA) Disclosure Statement in English is in *Appendix E*.

Specific requirements and guidelines related to the questionnaire and cover letter are talked about below. Additionally, guidelines to create the envelopes to be used to mail the questionnaires are provided.

CoreQ: SS DC Questionnaire

The mail version of CoreQ: SS DC Questionnaire contains 6 questions. It can be administered as a standalone questionnaire or can be combined with other questionnaires. Questions 1 to 4 are the “primary” CoreQ: SS DC questions and *must* appear at the beginning of any survey. Questions 5 and 6 are the “Help Provided” questions and must be used as a unit immediately following the primary CoreQ: SS DC questions. The CoreQ: SS DC Questionnaire is available in both Microsoft Word and PDF formats on the CoreQ: SS DC Survey website at TBD.

The following are the formatting and content requirements and recommendations for the CoreQ: SS DC Questionnaire. Please note that vendors are not permitted to deviate from the survey requirements.

CoreQ: SS DC Questionnaire Requirements

- Every questionnaire must start with the primary CoreQ: SS DC questions (Q1 through Q4).
- The “Help Provided” questions (Q5 and Q6) must be kept together and administered as a unit and placed immediately after the primary questions (Q1 through Q4).
- SNFs may add additional questions or open-ended questions, following the guidelines (provided below) about including supplemental questions.
- No changes in wording are permitted to either the CoreQ: SS DC questions or the response format (answers).
- Questions and their associated responses may not be split across pages.
- Vendors must be consistent throughout the survey formatting response options either vertically or horizontally. If a vendor lists the response options vertically, this must be done for every question. Vendors may not format some responses vertically and others horizontally.

- A unique ID number must be assigned and appear at least on the first page of the survey, for tracking purposes. Additional identifiers are allowed, but the respondents name or other identifying information must NOT appear anywhere on the survey.
- Only CMS-approved translations of the questionnaire are permitted. If SNFs elect to add additional questions, the vendor is responsible for translating questions if needed.
- The SNF name and/or logo should be on the survey and the vendor *may* include them as part of the cover letter. But it can NOT be on the envelopes (for privacy reasons).
- Vendors may not include promotional materials or messages, including signs the SNF or vendor have been approved by the Better Business Bureau (BBB), on the CoreQ: SS DC cover letter, questionnaire, or outgoing and incoming mailing envelopes.
- The vendor's name and address must be included at the bottom of the last page of the CoreQ: SS DC Questionnaire in case the respondent elects not to use the enclosed business reply envelope.
- No matrix formatting of the questions is permitted. Matrix formatting means formatting the questions as an exhibit, with responses listed across the top of the page and individual questions listed in a column on the left.
- Font size should be no smaller than size 12; it is strongly recommended that a larger size be used. We recommend a sans serif font, such as Arial or Helvetica.
- The Office of Management and Budget (OMB) number and expiration date provided in *Appendix E* must be printed on the cover of the questionnaire. If there is no cover, then the OMB number and expiration date must appear on the first page of the questionnaire.
- The OMB PRA Disclosure Statement, including the OMB expiration date (see *Appendix E*), must be printed either on the survey or in the cover letter.

Recommendations for Printing the CoreQ: SS DC Questionnaire

- Vendors should use best survey practices when formatting the questionnaire, such as maximizing the use of white space and using easy to read fonts such as Arial.
- Use a font size of 14 or larger.

Adding Additional Questions to the CoreQ: SS DC Survey

The following provides guidance for adding supplemental questions:

- All additional questions must be placed **after** the primary CoreQ: SS DC questions (Q1 through Q4) and **after** the CoreQ: SS DC Help Provided (Q5 and Q6) questions.
- We firmly recommend that SNFs and/or vendors avoid sensitive questions or lengthy additions, because these can reduce the expected response rate.
- Additional questions do not need to be approved or reported to CMS. Nonetheless, vendors need to review the appropriateness of the questions added to the CoreQ: SS DC Survey and share any concerns directly with the SNF or the CoreQ: SS DC Survey Coordination Team. Vendors must not include responses to the additional questions on the data files submitted to the CoreQ: SS DC Survey Data Center.
- SNFs cannot include questions that are a repeat of any of the CoreQ: SS DC questions verbatim, even if the response scale is different.
- Additional questions cannot be included that target marketing or promotion of services provided by the SNF or any other organization.
- Additional questions cannot ask respondents to name other individuals who might need SNF services because of privacy and confidentiality issues if personally identifiable information (PII) for other individuals is shared with the SNF without the person's knowledge and permission.
- The CoreQ: SS DC Survey is available in English and cannot be translated into other languages by any party. Only CMS-approved translations for the CoreQ: SS DC Survey questions are permitted. If vendors are including additional questions, they are responsible for translating the additional questions.

Cover Letter

Appendix C provide examples of cover letters in English. Vendors can elect to create their own cover letter following the requirements laid out below.

Requirements for Cover Letter

- Cover letters may be individualized with the name and address of the respondent. If the vendor uses double-sided printing (i.e., the cover letter and survey are on one piece of paper), the cover letter must **not** be personalized to ensure that no PII is returned with the survey when it is sent back to the vendor.
- The OMB PRA Disclosure Statement (see *Appendix E*) must be printed *either* on the survey *or* in the cover letter.

- Vendors may NOT offer respondents the chance to complete the survey over the telephone if the SNF is using the mail-only mode.

The cover letter must include the following items:

- A statement describing the purpose of the survey.
- A statement asking that the respondent ask a family member or friend for assistance completing the survey, if help is needed.
- Language that participation is voluntary, and they do not have to complete it.
- An email address and toll-free telephone number for customer support manned by the vendor. Additionally, the toll-free telephone line must have staff that can respond to questions in any language in which the vendor is offering the survey. Vendors must accommodate alternate telephone communications, including TTY.

Recommendations for Cover Letter

- We suggest including a copy of the signature of an appropriate official from the SNF be included on each cover letter. It is the responsibility of the SNF to notify the vendor if the appropriate official is changed during the reporting period.
- We suggest including the name and/or logo of the SNF be included on each cover letter.

Mailing Envelope Requirements

Vendors must supply both the outgoing and the reply envelopes that respondents will use to return their completed questionnaire. The reply envelope must have pre-paid postage and be pre-addressed to the vendor.

Survey Mailing Requirements

Mailing requirements and recommendations for the CoreQ: SS DC Questionnaire mailing are outlined below. It is anticipated that vendors will follow the requirements to maximize response rates and ensure consistency in how the mail mode is conducted.

Mail Survey Mailing Requirements

- All mail questionnaires must include a personalized cover letter and a postage-paid reply envelope pre-addressed to the vendor.

- The questionnaire must be mailed to all eligible residents, irrespective of whether the mailing address appears complete. If there is an incomplete address that is not in the NCOA or a similar provider, the vendor should contact the SNF for the address on file.
- The mailing must follow the schedule specified in Table 5.1. It must be mailed out within 7 days of receiving the resident information file from the SNF.
- The use of **incentives is not allowed**.
- Data collection must end 8 weeks after the first questionnaire was mailed.
- The use of proxy respondents is NOT allowed for the CoreQ: SS DC Survey. Proxy responses are also NOT permitted for respondents who died after discharge. Respondents may have assistance from an intermediary. This is not the same as a proxy in that the intermediary is only assisting the respondent in some way, rather than answering the questions on their behalf (i.e., a proxy respondent). This person could do things such as translate the survey or read the questionnaire to the respondent. But they are not permitted to answer the questions for the respondent.
- Residents must have a U.S. domestic address to be eligible to participate in the CoreQ: SS DC Survey.

Mail Survey Mailing Recommendations

- It is suggested that vendors verify all mailing addresses obtained from the SNFs using commercial address update services, such as the NCOA or the U.S. Postal Service Zip+4 software.
- It is suggested that vendors include the name and address of designated vendor staff in each mailing to check the completeness of the survey package and timeliness of delivery, i.e., the vendor “seeds” the mailing.
- It is recommended that all questionnaires be sent through either first-class postage or indicia, to make sure there is timely delivery and maximize response rates.

Data Receipt and Data Entry Requirements

The guidelines provided below are for receiving and tracking returned questionnaires and entering the data (either data entry or optical scanning).

Data Receipt Requirements

- The date the questionnaire was received from each respondent must be entered into the data record for each case in the vendor's electronic tracking system.
- Questionnaires need to be visually reviewed before scanning for any notes or comments. Vendors must have more than one person who can code or review the comments and attached notes for proper disposition code assignment.
- Questionnaires must be logged into the tracking system in a timely manner to make sure they are taken out of the cases undergoing follow up activity.
- If a completed questionnaire is returned and the vendor learns that the respondent is deceased, but the questionnaire was completed by someone else, it is not acceptable to scan the survey for that resident, even though it was completed by a proxy respondent. If the vendor finds out that a respondent has died (via a telephone call from a relative or friend or a note/comment marked on the completed survey), the vendor should not process the responses from the survey. Instead, the vendor should assign the applicable final disposition code (210=ineligible; deceased).
- A final CoreQ: SS DC Survey disposition code (see the list in Table 8.1 in *Chapter VIII*) must be given to each case.

Optical Scanning Requirements

- The scanning program used should not allow scanning of duplicate surveys.
- The scanning program should not allow out-of-range or invalid responses.
- A sample of surveys (minimum 10 percent) must be rescanned and compared with the original as a quality control measure. Discrepancies should be resolved by a supervisor.
- A sample of survey (minimum 10 percent) should be compared to the entries scanned for that survey to ensure the scanning program is reading the marked responses correctly.
- If a response mark falls between two different answers, but is clearly closer to one answer than another, select the response that is closest to the marked response.
- If two answers are checked for the same question, select the response that appears the darkest. If it is not possible to determine which is darker, then leave the response blank and code as "missing" rather than guessing.

- If the mark is between two responses, but is not clearly closer to one response, code as “missing”.
- If there is no marked response, leave the response blank and code as “missing”.
- The decision to key the responses to open-ended survey items, specifically “Helped in some other way” (response option 5) in Q6, is up to the individual vendor. Vendors do not need to key and include responses to open-ended survey items on the SIF submitted to the CoreQ: SS DC Survey Data Center. However, CMS would like to encourage vendors to review the open-ended responses so they can provide feedback to the CoreQ: SS DC Survey Coordination Team about adding additional response options if needed.

Data Entry Requirements

- The key entry process should not allow the keying of duplicate surveys.
- The key entry program should not allow the out-of-range or invalid responses.
- A random sample of 20 percent of all keyed questionnaires should be rekeyed for quality control purposes. That is, double data entry for the sample of questionnaires. A different person should re-enter the questionnaire to make sure that all entries are accurate. If discrepancies are found, a supervisor should resolve them and make sure that the correct value is entered.
- If a response mark falls between two different answers, but is clearly closer to one answer than another, select the response that is closest to the marked response.
- If two answers are checked for the same question, select the response that appears the darkest. If it is not possible to determine which is darker, then leave the response blank and code as “missing” rather than guessing.
- If the mark is between two responses, but is not clearly closer to one response, code as “missing”.
- If there is no marked response, leave the response blank and code as “missing”.
- The decision to key the responses to open-ended survey items, specifically “Helped in some other way” (response option 5) in Q6, is up to the individual vendor. Vendors do not need to key and include responses to open-ended survey items on the data files submitted to the CoreQ: SS DC Survey Data Center. However, CMS would like to encourage vendors to review the open-ended responses so they can provide feedback to the CoreQ: SS DC Survey Coordination Team about adding additional response options if needed.

VI. Telephone-Only Administration Procedures

Overview

This chapter will outline the requirements and procedures for implementation of the telephone-only survey mode for the CoreQ: SS DC Survey. The chapter includes:

- Telephone data collection schedule,
- Requirements for producing all telephone interviewing materials and systems,
- Guidelines on how the telephone interview should be conducted including general interviewing guidelines and FAQs interviewers may face, and
- Suggestions for data processing procedures, including Quality Control (QC) activities.

Data Collection Schedule

If the CoreQ: SS DC Survey is being administered as a telephone survey, data collection for each resident listed in a RIF must start no later than 1-week (7 days) after receiving the RIF.

Table 6.1 provides the order of activities and the timing for a telephone CoreQ: SS DC Survey.

Table 6.1: Order of Survey Activities and Timing for a Telephone Survey

Activity	Timing
Begin telephone data collection	Within 1-week (7 days) of receipt of RIF
Complete telephone data collection	8 weeks (56 days) after initial telephone contact starts
Submit data files to CMS via CoreQ: SS DC Survey website	See quarterly data submission deadlines on the CoreQ: SS DC Survey website

If the 7th day after receiving the resident information file falls on a weekend or holiday, vendors should make a good faith effort to begin the survey process on the business day before the weekend or holiday. However, the vendor may begin telephone calls on the first business day after the weekend or holiday, if necessary.

As described in *Chapter IV*, vendors must make a good faith attempt to start the survey for each week, within 7 calendar days of receiving the RIF.

Telephone surveys completed after the 8-week data collection period has ended are considered nonresponses and should be coded that way.

Telephone Instrument and Systems Requirements

This section describes the requirements for creating the materials and systems needed for the telephone mode for conducting the survey. The telephone resident interview script and the script for interviews with resident intermediaries are available in English (*Appendix D*). They are accessible in both Microsoft Word and PDF formats and are located on the CoreQ: SS DC Survey website at TBD.

A list of FAQs asked by respondents and suggested answers to those questions are included in *Appendix J*. Additionally, there are general training and monitoring guidelines for telephone interviewers in *Appendix K*.

Below are the specific requirements and guidelines for administering the telephone survey.

Telephone Interviewing Systems

An electronic telephone interviewing system is defined as a computer program that an interviewer reads from and enters responses directly into the system. Using an electronic system helps to standardize interviewing and monitoring of the interviewers. Vendors administering the questionnaire via telephone **MUST** use an electronic system, such as a CATI system, for the CoreQ: SS DC Survey. ***Paper-and-pencil administration is not permitted for telephone surveys.*** To make sure that respondents are called at different times of the day and on multiple days of the week, vendors must also have a survey management system. It is preferable if the electronic system is linked to the survey management system so cases can be tracked, appointments set and called back at the correct times, and pending and final case status is easily accessible.

There are two additional requirements for vendors:

- Predictive or automatic dialers are permitted, if they are compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations, and if respondents can easily interact with a live interviewer. For more information about FCC and FTC regulations, please visit <https://www.ftc.gov/> and <https://www.fcc.gov/>.
- Indication of cell phone is needed for telephone surveys. FCC regulations prohibit predictive dialing of cell phone numbers. Therefore, cell phone numbers need to be identified in advance to allow vendors to treat cell phone numbers in a way that complies with FCC regulations. Vendors are advised to familiarize themselves with all applicable state and federal laws, such as all cell phone numbers must be manually dialed instead of using an autodialer.³ If the SNF is unable to identify which telephone numbers provided are cell phone numbers, it is the vendor's responsibility to obtain an up-to-date list of cell

³ Justia. (2022, October). *Recording Phone Calls and Conversations: 50-State Survey*. Retrieved from <https://www.justia.com/50-state-surveys/recording-phone-calls-and-conversations/>

phone numbers and land line numbers that have been moved to cell line from an external source. The external source must be compared to the phone numbers of the surveyed residents to identify cell phone numbers. Vendors must do this for each weekly census frame developed from the RIF.

Telephone Interview Script

This manual provides vendors with standardized telephone scripts (*Appendix D*). The scripts include the introductory screens and survey questions. The CoreQ: SS DC Survey can be administered as a standalone survey, or it may be used in combination with other SNF related surveys. The CoreQ: SS DC Survey telephone interview has 4 questions. Questions 1 through 4 are the primary CoreQ: SS DC questions and must be asked first. Note the CoreQ: SS DC telephone survey has only 4 questions and the mail survey has 6 questions, because the mail survey contains additional “help provided” questions that ask if anyone helped the respondent to complete the survey (Q5 and Q6). These questions do not apply if the survey is given by telephone. Nonetheless, since the vendor can identify whether the telephone interview was completed by an intermediary for respondent and what type of assistance is provided, they should include that information on the data file provided to the CoreQ: SS DC Survey Data Center by providing a response for Question 6.

Programming requirements for the CoreQ: SS DC Survey telephone interview are:

- No changes in the wording of the questions are permitted for either the CoreQ: SS DC questions or the responses.
- SNFs may add additional questions to the telephone interview, based on the instructions outlined below.
- Only CMS-approved translations of the CoreQ: SS DC Survey interview are permitted. Currently the questionnaire is available in English only.
- *Appendix D* provides a telephone interview script for respondent’s intermediaries in English. Vendors must use this script when conducting intermediary interviews. This script must be programmed into the electronic telephone interviewing system.
- When the data files are submitted to the CoreQ: SS DC Survey Data Center, vendors must include an indicator if the interview was completed by a proxy/intermediary (Q 6, response option 3).

Adding Additional Questions

SNFs may wish to add additional questions to the CoreQ: SS DC Questionnaire. The following provides guidance for adding supplemental questions:

- All additional questions must be placed **after** the primary CoreQ: SS DC Survey questions.
- We firmly recommend that SNFs and/or vendors avoid sensitive questions or lengthy additions, because these can reduce the expected response rate.
- Additional questions do not need to be approved by or reported to CMS. Nonetheless, vendors need to review the appropriateness of the questions added to the CoreQ: SS DC Survey and share any concerns directly with the SNF or the CoreQ: SS DC Survey Coordination Team. Vendors must not include responses to the additional questions on the data files submitted to the CoreQ: SS DC Survey Data Center.
- SNFs cannot include questions that duplicate any of the CoreQ: SS DC questions verbatim, even if the response scale is different.
- Additional questions to market or promote services provided by the SNF or any other organization cannot be added.
- Additional questions cannot ask respondents to name other individuals who might need SNF services because of privacy and confidentiality issues, PII for other individuals shared with the SNF without the person's knowledge and permission.
- Vendors are responsible for translating any additional questions; only CMS-approved translations may be used for CoreQ: SS DC Survey questions, however.

Telephone Interviewing Requirements

The telephone interviewing requirements and recommendations for the CoreQ: SS DC Survey interview are outlined below. To maximize response rates and ensure consistency in how the telephone-only survey mode is implemented, vendors are required to follow these requirements.

Telephone Contact

- Vendors must attempt to contact every eligible resident in the RIF. Vendors are required to make **5** telephone contacts attempts for each resident being surveyed, unless the resident refuses or the vendor learns the resident is ineligible to participate in the survey.
- A telephone contact is defined as:
 - the telephone rings 6 times with no answer,
 - the interviewer reaches a household member and is told that the respondent is not available to take the call,

- the interviewer reaches the respondent and is asked to schedule a call-back later, or
- the interviewer gets a busy signal on each of 3 consecutive phone call attempts, spaced at least 20 minutes apart.
- Vendors must make all phone calls within the 1-week (7 day) period after receiving the RIF. However, vendors should make no more than 1 call per day.
- Vendors must make the phone calls at different times of the day (i.e., morning, afternoon, and evening) and on different days of the week throughout the data collection period.
- Contact with a respondent may be continued after 5 attempts if the fifth attempt results in a scheduled appointment with the survey respondent and if the appointment is within the 8-week (56 days) data collection period.
- Interviewers **may not** leave voicemail messages on answering machines **or** leave messages with household members.
- Upon request of the CoreQ: SS DC Survey Coordination Team, vendors must be able to provide a phone call log that tracks the date and time phone calls were made for each respondent.
- If the vendor learns that a respondent is ineligible for the CoreQ: SS DC Survey, the vendor must immediately stop further contact attempts with that respondent.
- Telephone survey data collection for each weekly survey must begin no later than 7 days after the receipt of the RIF and must be finished within 56 days (8 weeks) from the initial telephone attempt.
- The use of incentives is **not permitted**.
- Respondents may use an intermediary respondent to answer questions on their behalf if the respondent is physically unable to complete the interview, e.g., they are deaf. Intermediary respondents may not answer for respondents who “do not want” to participate in the interview. Intermediary responses are NOT allowed for residents who have died since their discharge.
- If a respondent starts the interview but is unable to complete it during the call for a reason other than a refusal, the vendor should follow up with the respondent to finish the entire interview. The vendor should follow up even if the respondent has answered enough questions in the interview for the case to pass the completeness criteria.

- Residents are eligible to take part in the CoreQ: SS DC Survey even if they have missing, or incomplete telephone number AND missing email address. The vendor should contact the SNF to obtain the telephone number for the resident. If the SNF cannot provide a telephone number, the vendor should try to obtain the telephone number from other sources (e.g., directory assistance, Internet directories, etc.). If the vendor is still unable to find a working telephone number, the vendor should code the case as code “340–wrong, disconnect, no telephone number”.
- If a respondent decides they have answered some of the questions in the telephone interview, and they no longer want to take part in the survey, the vendor should code the case as a refusal. The vendor should not use the partial data collected before the interview was terminated. This is valid even if the respondent had answered enough questions in the interview for the case to pass the completeness criteria. Please note, this is a different situation from the respondent saying that they do not want to continue an interview. If the respondent stops the interview but does not say that they do not want to take part in the survey, the data can be used if the interview meets the completeness criteria. The vendor can code the case as a completed interview if it passes the completeness criteria, otherwise, it is coded as a breakoff/partial data.

Contacting Difficult-to-Reach Respondents

- It is strongly recommended that vendors verify all telephone numbers provided by the SNF, using a commercial address/telephone database service or directory assistance.
- If a respondent’s telephone number is no longer in service when called or if the respondent has moved, vendors should attempt to identify a new or updated telephone number.
- If the respondent’s telephone number is wrong, the interviewer may ask the person who answers the phone if they know the respondent’s telephone number.
- If a respondent is temporarily ill, on vacation, or not available during the initial contact, the interviewer should continue to recontact the respondent before the data collection time ends.
- If the respondent does not speak English and there is no intermediary available, the interviewer should thank the respondent for their time, terminate the interview, and code the case as 230, “Ineligible: Language Barrier”.
- If a respondent is physically unable to respond by telephone, e.g., they are deaf, a family member or friend can act as an intermediary respondent.

- For respondents living in institutions (e.g., assisted living, etc.), vendors should contact the SNF to get a direct-dial telephone number. If the SNF cannot provide a direct-dial telephone number for the respondent, the vendor should try to obtain the telephone number using other sources, such as a telephone number lookup service, directory assistance, or Internet telephone survey directories. If vendors cannot obtain a telephone number of the respondent, they should assign a disposition code of “340-wrong, disconnected, or no telephone number” to the case.

Telephone Interviewer Training

Vendors must offer training for all telephone interviewing and customer support staff before starting the telephone survey data collection process. Telephone interviewer and customer support staff training must have the following:

- Teach interviewers how to establish a relationship with the respondent.
- Teach interviewers the content and purpose of the interview so that they can easily explain it to the respondent.
- Teach interviewers to ask the questions in a standardized format. This includes reading the questions as they are worded, not providing the respondent with additional information not included in the script, maintaining a professional manner, and adhering to all quality control standards.
- Teach interviewers how to use the intermediary respondent script.
- Teach interviewers how to use effective neutral probing methods to elicit a response.
- Teach interviewers to use the FAQs document (see *Appendix J*) so they can answer questions in a standardized format.

All vendors must also have telephone survey supervisors with a knowledge of effective QC procedures to monitor and supervise interviewers.

Vendors must conduct an interviewer certification process – either oral, written, or both – for each interviewer and customer service staff before allowing the person to make or take calls on the CoreQ: SS DC Survey. The certification should assess the interviewer’s knowledge level and comfort with the CoreQ: SS DC Survey instrument, along with the ability to answer respondents’ questions about the survey. Documentation of training and certification of all telephone interviewers and customer support staff and outcomes are subject to review by the CoreQ: SS DC Survey Coordination Team.

Distressed Respondent Procedures

It is extremely important that vendors develop a “distressed respondent protocol” to be incorporated into all interviewer and help desk training. Dealing with distressed respondent circumstances requires a balance keeping PII and personal health information (PHI) confidential while helping the person who needs assistance. For survey research businesses, best practices recommend having a distressed respondent protocol in place for handling distressed respondents that balances the respondent’s right to confidentiality and privacy while giving assistance, if the situation indicates that the respondent’s health and safety are in jeopardy.

Each approved vendor is expected to have these procedures in place and to follow them for handling distressed respondent situations. CMS and the CoreQ: SS DC Survey Coordination Team cannot provide guidance on how to evaluate or handle distressed respondents. Professional associations for research, such as the American Association of Public Opinion Researchers (AAPOR), may provide some guidance. More information is available at AAPOR’s website at <https://www.aapor.org/> .⁴

- The Belmont Report (guidelines and recommendations that gave rise to current federal regulations).
- Federal Regulations Regarding Protection of Human Research Subjects (45 CFR 46) (also known as the Common Rule).
- Federal Office for Human Research Protections (OHRP).
- NIH Human Participant Investigator Training (although the site appears to be for cancer researchers, it is the site for the general investigator training used by many institutions).
- University of Minnesota Web-Based Instruction on Informed Consent.
- The National Long-Term Care Ombudsman Resource Center (https://theconsumervoice.org/get_help)

Additionally, vendors may consult their organization’s Committee for the Protection of Human Subject Institutional Review Board (IRB) for further guidance.

⁴ The American Association of Public Opinion Researchers website at <https://aapor.org/standards-and-ethics/institutional-review-boards/>, March 2023.

Telephone Data Processing Procedures

Below are guidelines to help make sure that the telephone interview data are correctly processed and managed.

- A unique ID number must be given to each respondent and included in the case management system and on the final data file for each respondent.
- Vendors must be able to link each telephone interview in their survey management system, with the interview date of the specific survey respondent. This allows the appropriate data elements to be pulled into the final SIF.
- Vendors must de-identify all telephone interviews when the data are transferred to the final SIF for delivery.
- Vendors must assign and include in the SIF a final CoreQ: SS DC Survey status or disposition code for each survey (see *Chapter VIII* for list of codes). The vendor must develop and use a set of “pending” disposition codes to track the survey before it is finalized. Note, that pending disposition codes are not provided in the CoreQ: SS DC Survey Guidelines and Protocol Manual.

Telephone-only Quality Control Guidelines

Vendors must incorporate quality control measures into their telephone-only survey administration procedures. These QC measures for telephone interviewers and customer support staff should include the following:

- Written documentation that all telephone interviews and customer support staff have received the proper training before they start interviews. The copies of the interviewer certification exam scores need to be retained and available for the CoreQ: SS DC Survey Coordination Team. Documentation of any required retraining should be retained and available for review during oversight visits.
- It is suggested that vendors undertake regular meetings with telephone interviewers and customer support staff to get feedback on topics with the telephone survey administration or handling of customer support calls.
- Vendors must institute and share clear telephone interviewing QC guidelines for all staff to follow. These guidelines are to be used to conduct monitoring and feedback and need to include clear explanations of the results of not following protocols. This may include actions such as removal from the project or employment termination.

- Vendors are required to silently monitor a minimum of 10 percent of all the telephone interviews to make sure that the correct survey administration protocols are followed. Vendors must be able to undertake live monitoring for regular survey operations and site visits.
- Supervisory staff monitoring the telephone interviewers should use the electronic system to monitor the interviewer, while listening to the audio of the call concurrently.
- Monitoring staff and supervisors should provide performance feedback as soon as possible after they have finished monitoring the interviewers.
- Interviewers should be given the chance to correct any deficiencies in their survey administration through more practice or retraining. Nevertheless, if an interviewer consistently has poor monitoring scores, they should be removed from the project.
- There are federal and state laws and regulations relating to the monitoring/recording of any telephone call. In certain states, consent must be obtained from **every party** in the conversation if it involves two or more people (“two-party consent”). When calling survey respondents who reside in these states, vendors should not begin either monitoring or recording the telephone calls until *after* the interviewer has read the following statement: “This call may be monitored or recorded for quality improvement purposes.”⁵
- All vendors must identify and adhere to federal and state laws and regulations in the states where they are administering the CoreQ: SS DC Survey.
- Vendors should undertake regular reviews of their XML data files by comparing at least 50 completed telephone interview responses directly from their computer-assisted telephone interviewing system to the values output in the XML file. Doing this monthly review will ensure that the responses are being accurately captured and output to the XML file.

⁵ The following states currently require two-party or all-party consent when telephone calls are monitored or audiotaped: California, Connecticut, Florida, Illinois, Maryland, Massachusetts, Montana, New Hampshire, Pennsylvania, and Washington.

VII. Confidentiality and Data Security

Overview

This chapter outlines the requirements and guidelines for protecting the identity of respondents and their data, there-by ensuring data security. This includes a discussion of how vendors should handle confidential data, the importance of creating and maintaining physical and electronic data security, the importance of confidentiality agreements, and CoreQ: SS DC protocols for providing and sharing both de-identified and identifiable data.

Adhere to State Regulations and Law Protecting Residents with Specific Conditions/ Illnesses

Some states have additional laws and regulations that oversee the release of information for residents with specific conditions or illnesses, and for other special resident populations, including those with HIV/AIDS. It is the SNFs responsibility to identify the applicable state laws and regulations, then exclude residents from the survey as required.

Limit Access to Confidential Data to Authorized Staff Only

All identifying information for each resident is considered private and must be protected. Vendors must undertake suitable actions to protect all survey data obtained while administering the CoreQ: SS DC Survey, including all hardcopy and electronic data received from the SNFs and the data provided by survey respondents.

When the RIF is received from the SNF, it will have private information, such as the name and address and telephone number or email address of the resident. When the vendor receives the data, they must ensure that the resident information is kept confidential and only authorized personnel have access to it.

Standards for keeping the confidential data secure include:

- Storing the data electronically in password-protected locations with a limited number of staff having access to the password.
- Hard copy data should be kept in a locked room or file cabinet, with access to the data restricted to authorized staff only.
- Confidential data should NEVER be taken from the vendor's place of business, either in electronic or hardcopy form, even by vendor staff.
- Confidential data should not be stored on laptop computers unless the laptops have data encryption software to protect the information in case the laptop is lost or stolen.

Vendors are required to carefully consider who needs access to the confidential CoreQ: SS DC data, allowing only those staff to have access to the data. Information on the census frame does not need to be included in every data file.

As described below, any staff working with data about SNF residents should sign a confidentiality agreement specific to the CoreQ: SS DC Survey implementation.

Obtain Confidentiality Agreements

Vendors must obtain a signed confidentiality agreement from all staff, including subcontractors working on the CoreQ: SS DC Survey implementation. This includes individuals such as those manning the customer support line and people working in data receipt and data entry positions. Copies of the signed agreements must be kept by the Project Manager. Vendors may be asked to provide this documentation to the CoreQ: SS DC Survey Coordination Team during oversight activities.

Ensure Electronic and Physical Data Security

It is recommended that vendors undertake the following measures to ensure that physical and electronic data are secure:

- All paper copies of the questionnaire or census frame information must be stored securely in the vendor's facility for three years. This may be a locked file cabinet or within a locked room. Paper copies of the questionnaires do not need to be kept if electronic images are being kept instead. ***At no time should the paper copies be taken from the vendor's offices, even temporarily.***
- Electronics, such as laptops or cell phones that access secured data, must be protected, and security measures may include firewalls, restricted access levels, or password-protected access.
- All data stored electronically must be backed up nightly or more frequently to reduce the risk of data loss. Vendors must have a disaster recovery plan for the CoreQ: SS DC data.
- Electronic images of the surveys or keyed data should be retained for 3 years, also in a secure location in the vendor's facility.

Develop Procedures of Identifying and Handling Breaches of Confidential Data

Vendors need to develop protocols to identify when there has been a security breach of CoreQ: SS DC data, including if an unauthorized person gained access to confidential information and if an authorized person has distributed confidential information in an unauthorized manner. All vendors must have a security incident response program to make sure that appropriate actions are taken to

correct and contain the identified security incidents, communicate to stakeholders, and remediate the incident. At a minimum, the plans should include a system to notify the vendor's CoreQ: SS DC Survey Project Manager immediately, a way to identify the level of risk associated with the breach, and a method to undertake corrective action against the individual who created the breach, and anyone affected by it, including survey respondents.

Submit Only De-Identified Data Files to the CoreQ: SS DC Survey Data Center

While the vendors have access to confidential information about the SNF residents, the SIF submitted to the CoreQ: SS DC Survey Data Center may not contain any confidential information. All files submitted to the CoreQ: SS DC Survey Data Center must contain only de-identified data. Only the unique resident ID number that the vendor assigns to each respondent must be included in the SIF for each data record. This identifier will be used to conduct periodic audits and validation as part of CMS' oversight activities.

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VIII. Data Processing and Coding

Overview

This chapter outlines the decision rules around the processing and coding of returned mail questionnaires, assignment of disposition codes, and quality control measures. It also describes procedures for deciding whether a returned survey meets the definition of a completed survey and information about how survey response rates are calculated.

Data Processing Decision Rules and Coding Guidelines

The guidelines and procedures for dealing with ambiguous, missing, or inconsistent responses from the returned mail questionnaires are provided below. These should be followed regardless of the type of data entry (optical scanning or keyed data) the vendor is using to enter data from the completed surveys.

Mail Surveys

Respondents may elect not to answer questions, while others may not clearly mark their responses. Use the rules listed below to deal with missing or ambiguous responses when processing the completed CoreQ: SS DC Surveys.

- If a response mark falls between two different answers, but is clearly closer to one answer than another, select the response that is closest to the marked response.
- If two answers are checked for the same question, select the response that appears the darkest. If it not possible to determine which is darker, then leave the response blank and code as “missing” rather than guessing.
- If the mark is between two responses, but is not clearly closer to one response, code as “missing”.
- If there is no marked response, leave the response blank and code as “missing”.
- There is only one survey question in the CoreQ: SS DC Survey where two or more responses are accepted (Q6). This question asks what types of help someone provided to the respondent and the respondent is asked to “select all that apply”. Vendors are to enter responses for all the items the respondent marked.

Decision Rules for Coding Survey Responses Marked Outside of the Response Box

The CoreQ: SS DC Survey uses response bubbles or circling the appropriate word. For respondents using the bubbles, vendors may receive surveys where the response is marked outside

the bubble. CMS and the CoreQ: SS DC Survey Coordination Team realize that there are instances when it is acceptable for a response to be “marked”, even if the response box itself is not completed. To minimize the opportunities for coding interpretation errors among vendors. CMS asks that all responses or response boxes not circled, checked, underlined, or in some way *clearly designated by the respondent* (i.e., the respondent writes the **exact** wording of the response to the side of the response options) be coded as “missing”.

In some cases, some text, or marks on the side of the response options may seem to be directed to a specific response but the respondent’s intent is not clear. This can lead to non-standardized interpretations between vendors. Below are a few examples of when it is suitable to code the response and when it is not proper to code a response.

When it is Acceptable to Code a Response

Example 1:

In this example, the respondent has circled a response. The respondent’s intention is clear.

In recommending this facility to your friends and family, how would you rate it overall?

<input type="checkbox"/>	1	Poor
<input type="checkbox"/>	2	Average
<input type="checkbox"/>	3	Good
<input checked="" type="checkbox"/>	4	Very Good
<input type="checkbox"/>	5	Excellent

Example 2:

Here, the respondent has underlined a response. The respondent’s intention is clear.

In recommending this facility to your friends and family, how would you rate it overall?

<input type="checkbox"/>	1	Poor
<input type="checkbox"/>	2	Average
<input type="checkbox"/>	3	Good
<input checked="" type="checkbox"/>	4	<u>Very Good</u>
<input type="checkbox"/>	5	Excellent

Example 3:

In this example, the respondent has placed a check mark very close to a response. Again, the respondent’s intention is clear.

In recommending this facility to your friends and family, how would you rate it overall?

<input type="checkbox"/>	1	Poor
<input type="checkbox"/>	2	Average
<input type="checkbox"/>	3	Good
<input type="checkbox"/>	4	Very Good ✓
<input type="checkbox"/>	5	Excellent

Example 4:

The respondent has placed a check mark to the right of the response boxes. It is not clear which response was intended. The response is rounded **down** to the lower response.

In recommending this facility to your friends and family, how would you rate it overall?

<input type="checkbox"/>	1	Poor
<input type="checkbox"/>	2	Average
<input type="checkbox"/>	3	Good
<input type="checkbox"/>	4	Very Good ✓
<input type="checkbox"/>	5	Excellent

When it is NOT Acceptable to Code a Response**Example 1:**

Here, the respondent has placed a mark in a response and then crossed it out, writing in “N/A” (not applicable). Because another answer is not marked to replace the one crossed out, the vendor should code this question as “Missing”. The N/A confirms the respondent’s intention not to mark a response. In recommending this facility to your friends and family, how would you rate it overall?

In recommending this facility to your friends and family, how would you rate it overall?

<input type="checkbox"/>	1	Poor	
<input checked="" type="checkbox"/>	2	Average	<i>N/A</i>
<input type="checkbox"/>	3	Good	
<input type="checkbox"/>	4	Very Good	
<input type="checkbox"/>	5	Excellent	

Survey Disposition Codes

Vendors must adhere to all the required CoreQ: SS DC Survey disposition code assignment procedures. Disposition codes, or status codes, track the status of a respondent's survey as it goes through the process. For example, there is a status code to designate that the first survey was mailed and another to indicate it was returned. Status codes may be interim, (i.e., they will change as the survey moves through the process) or final (there is no additional action to be taken on the survey).

Below is a list and description of the *final* disposition codes to be used for the mail and telephone CoreQ: SS DC Survey. The vendor may use their own interim status codes to track the pending status of a survey. But the vendor must select and assign the correct code from the disposition codes shown in Table 8.1 for each survey included in the SIF submitted to the CoreQ: SS DC Survey Data Center.

Table 8.1: CoreQ: SS DC Survey Disposition Codes

Code	Description
110	Completed Mail Survey⁶ The respondent answered at least 3 out of 4 primary questions based on the specific completeness criteria. Assign this code for mail only cases
120	Completed Phone Interview The respondent answered at least 3 out of 4 primary questions based on the specific completeness criteria. Assign this code if the interview was completed by phone if the resident responded by phone.
210	Ineligible: Deceased Assign this code if the resident is reported as deceased during the survey period.
230	Ineligible: Language Barrier/No Intermediary Available Assign this code to residents who do not speak any of the CoreQ: SS DC Survey language(s) that the vendor is administering for that SNF. The language barrier code only applies to the resident and should not be assigned until a determination is made that the resident cannot speak the language(s) being administered and there is no intermediary available.
240	Ineligible: Physically Incapacitated/No Intermediary Available Assign this code if it is determined that the respondent is unable to complete the survey because they are physically unable and there is no intermediary available to help with the survey. This includes respondents who are visually impaired (for mail surveys) or hearing impaired (for telephone surveys).
330	Bad Address/Undeliverable Mail It should be assigned if it is determined that the respondent's address is bad (e.g., the survey is returned by the Post Office as undeliverable with no forwarding address).

⁶ Refers to the definition of a completed survey that is discussed later in this chapter.

Code	Description
340	<p>Wrong, Disconnected, or No Telephone Number</p> <p>This code should be used in telephone administration.</p> <p>This code should be assigned if it is determined that the telephone number is bad (disconnected, no telephone number available, etc.).</p>
350	<p>No Response After Maximum Attempts</p> <p>This code should be assigned to completed surveys received after the data collection period for the reporting week ends (8 weeks after starting).</p> <p><u>Mail Mode</u></p> <ul style="list-style-type: none"> This code should be assigned if the residents address is viable, but they do not respond to either the first or second questionnaire mailing during the data collection period. Assign this code only if work on the case has not resulted in a completed survey or other final disposition code. This code should be assigned if the initial questionnaire is returned blank and the second questionnaire is never returned. <p><u>Telephone Mode</u></p> <ul style="list-style-type: none"> This code should be assigned if it is determined that the telephone number is viable, but the required number of telephone attempts (5) did not result in a completed interview or other final disposition code.
410	<p>Quarterly Maximum Reached</p> <p>Use this code only after a vendor has received 63 <i>completed</i> surveys for a SNF in a quarter.</p>

Differentiating Between Disposition Codes 330 (Nonresponse: Bad Address), 340 (Nonresponse: Bad or No Telephone Number) and 350 (No Response after Maximum Attempts)

Code 330: Nonresponse: Bad Address is assigned only if there is evidence the respondent's address is not workable. Evidence to support this conclusion includes the following:

- The SNF does not provide an address for the resident and the vendor has tried but was unable to get an address,
- The survey is returned as “undeliverable, no forwarding address”, and
- The survey is returned as “address or addressee unknown” or there was another reason the mail was not delivered.

It is anticipated that the vendor will use an outside address update service before mailing the surveys, to make sure that the most accurate mailing address is used. If a survey is returned as undeliverable, the vendor is encouraged to try to locate a new address before sending the second survey mailing.

Code 340: Nonresponse: Bad or No Telephone Number should be assigned only if there is evidence that the resident's telephone number is not valid. Evidence that the phone number is not viable includes the following:

- The SNF does not provide a telephone number for the resident and the vendor has attempted and failed to obtain a telephone number,
- On calling, the telephone number the interviewer learns that the telephone number on file is disconnected, nonworking, or out of order, and no new telephone number is provided, or
- On calling, the telephone number the interviewer reaches a person and learns that the telephone number is the wrong number for the resident, and they are not given a new number.

To make sure that the most accurate telephone number is used, the vendor is strongly encouraged to use an outside telephone number update service prior to initiating telephone contact. If the vendor learns that a telephone number is not viable, the vendor is strongly encouraged to attempt to locate a new telephone number for the resident before the end of the data collection period.

Code 350: Nonresponse: No Response After Maximum Attempts should be assigned if there is evidence that the residents address or telephone number is viable, but the resident has not responded after all questionnaire mailings or telephone attempts for the given mode have been implemented.

Handling Blank Surveys

For mail surveys, vendors can send a second survey to the respondent if the first survey was returned blank. However, the second survey must be sent to the respondent and received back to the vendor before the end of the 8-week (56-day) data collection period. Table 8.2 gives the disposition codes for surveys that are returned blank.

Table 8.2: Handling Blank Mail Survey Questionnaires

If first survey is returned	If second survey is returned	Assign code
Blank	Blank	320—refused
Not returned	Blank	320—refused
Blank or not returned	Not returned	350—maximum attempts

The procedures described above are for surveys that are returned blank, not for surveys that have been marked undeliverable because the United States Postal Service could not deliver the mail.

Coding Proxy/Intermediary Assisted Surveys

It is up to the vendor to identify and code all completed surveys where an intermediary assisted the respondent. For *mail* surveys where a respondent indicated in Q6 that a respondent “answered the questions for me” (response option 3), vendors must assign a proxy/intermediary response of “yes”. If the respondent provides any other response for Q6, vendors must assign a proxy/intermediary response of “no”.

Table 8.3 outlines the cases where and how the proxy/intermediary flag should be coded.

Table 8.3: When to Assign a Proxy/Intermediary Response for Q6 for Mail Surveys

Value for Q5	Value for Q6	Proxy/Intermediary Response
1=yes	3=answered the questions for me	Yes
Missing	Missing	Missing

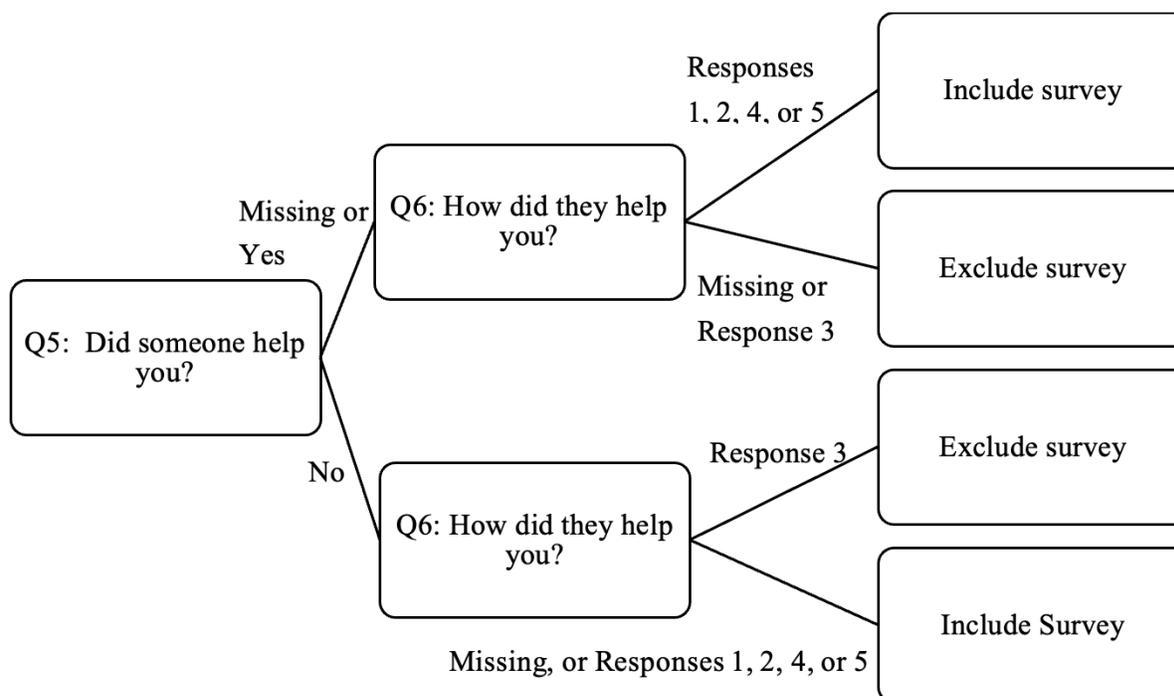
For *telephone* surveys, the proxy/intermediary flag is assigned (=1) if the interview was completed by a proxy respondent or (=2) if the interview was completed by the resident or their intermediary. It is not acceptable to assign a proxy value of “M” for surveys completed by telephone.

Definition of a Completed Survey

Figure 8.1 outlines the decision algorithm that will be used to determine whether a survey is included or excluded based on if a proxy respondent completed the survey (Q6 (What type of help), response option 3). If an intermediary is used to assist the respondent, those will be coded as response option 1, 2, 4, or 5.

Question 5 asks if someone helped the respondent with the survey (yes/no/missing). If the response is “no” and the response for Question 6 is missing or response options 1, 2, 4, or 5, the survey is included. If the response to Question 6 is 3 (someone answered the survey for me), it will be excluded (disposition code = 240). In the case where the response to Question 5 is “yes” and the response for Question 6 is response options 1, 2, 4, or 5, the survey is included. If Question 6 is missing a response, the survey is excluded (disposition code=240). The final scenario occurs if Question 5 is missing a response. In this case, if Question 6 is also missing a response or the response is option 3, the survey is excluded (disposition code=240). If Question 6 is answered with response options 1, 2, 4, or 5, the survey is included.

Figure 8.1: Decision Algorithm for Survey Inclusion/Exclusion



When surveys are considered “complete”, they should be given a survey disposition code of 110 (completed mail survey) or 120 (completed telephone survey) if 75 percent of the primary questions (Q1 through Q4) are answered.

- Survey questions that are part of the “Helper” section (Q5 and Q6) are not included in the calculation of the percent completed, but they are needed to determine survey eligibility (see Figure 8.1).
- If a respondent writes in “Don’t Know” or “Refuse”, these responses are recorded as missing (“M”) and are not counted as responses.
- Use the steps in Figure 8.2 to decide if the survey is considered “complete”.

Figure 8.2: How to Determine Whether a Survey Meets Completeness Criteria

If a minimum of three out of four questions are answered, it is considered completed.

Then assign survey disposition code 110 or 120, to show that the survey meets the definition of a completed survey.

Computing the Response Rate

Vendors are not required to calculate a response rate for each weekly survey. The CoreQ: SS DC Survey Coordination Team will calculate and report a response rate for each SNF to CMS when the survey results are publicly reported. For any given public reporting period (i.e., the last two quarters of collected data), the response rate will be calculated as outlined in Figure 8.3. This is only an example of how response rates are calculated.

Figure 8.3: How Response Rates are Calculated

$$\text{Response Rate} = \frac{\text{Total Number of Completed Surveys}}{\text{Total Number of Surveys Administered} - \text{Total Number of Ineligible Surveys}}$$

Where:

- Total Number of Completed Surveys are those with a disposition code of 110 or 120.
- Total Number of Administered Surveys is the total number of respondents in the census frame who are sent a mail survey and have a disposition code of 110 through 350.
- Total number of ineligible surveys are those assigned disposition codes 210, 230, and 240. No other surveys are removed from the denominator.

Quality Control Guidelines

We encourage vendors to implement quality control measures for every step of the mail and telephone data processing activities. The required and recommend quality control measures are described in detail in the mail data collection chapter (*Chapter V*) and the telephone data collection chapter (*Chapter VI*) and are not reiterated here. This section focuses primarily on the quality control measures for coding and data processing activities only. Vendors need to conduct additional quality control measures as needed, based on their processes. All quality control checks should be conducted by someone other than the person who completed the task.

Quality Control for Mail Survey Data Processing Activities

- All vendors should select and review a sample of surveys coded by each coder to ensure that coding rules are being followed correctly.

- Before submitting data to the CoreQ: SS DC: Survey Data Center, vendors should compare responses coded on the mail surveys for a sample of surveys that were scanned AND with the responses entered in the XML file. This step makes sure that the responses in the XML file accurately show the respondents answers to the survey questions.
- Vendors are encouraged to develop a way to measure error rates of the data receipt staff (in terms of recognizing written notes and passing them on to someone for review) and the data entry or scanning verification. Vendors should work with their staff to minimize their error rates. During site visits, the CoreQ: SS DC Survey Coordination Team will request information concerning data receipt and processing error rates.

Quality Control for Telephone Survey Data Processing Activities

- Vendors must conduct regular reviews of at least 50 completed telephone interview response values against the response data in the corresponding XML data files. Doing this review monthly will ensure that the responses are being accurately captured and output to the XML file. If there are fewer than 50 responses, then the vendor must review all telephone interviews.
- Vendors should generate and review frequencies of cases at the various points and when final disposition codes are assigned, for each SNF and by telephone interviewer. A higher-than-average percentage of cases coded as “240 - Physically Incapable/No Intermediary Available” could mean that interviewers are not attempting to identify and conduct the interview with a respondent’s intermediary. Similarly, a high percentage of cases coded as “not available” after maximum attempts could indicate that call attempts are not scheduled appropriately.

Quality Control on Process and Coded CoreQ: SS DC Data in XML Files

It is suggested that vendors conduct frequency distributions on the resident information file and the resident response data, looking for outliers or anomalies, including missing values. This helps the vendor identify potential problems in the RIF received from the SNF, their own data file processes, or their XML coding.

- Examples include:
 - Race (e.g., are all respondents coded as Samoan)
 - Age (is the age distribution reasonable, or does it skew toward the very young or very old)
- Vendors should regularly check their data processing programs to ensure that the data elements on the XML file are coded properly.

- Vendors must ensure that a code is entered on the XML file showing whether an intermediary assisted the respondent, or a proxy was used. See Table 8.3 for guidelines on using a proxy/intermediary indicator.
- Vendors are responsible for using the completeness criteria on all completed surveys to make sure they meet the completeness criteria described in Figure 8.2.
- Vendors should undertake a final check of all assigned disposition codes before submitting XML files to the CoreQ: SS DC Survey Data Center. If the vendor finds a survey that was given an ineligible survey disposition code AND there are data in the Resident Response Record Section of the XML file, the vendor needs to find out why code 110 or 120 was not assigned to the survey. If they find that the survey is truly ineligible, remove the survey response data from the XML file.

IX. Website and File Submissions

Overview

The CoreQ: SS DC Survey website is currently under development and will be made available later. This chapter provides an overview of what the website will look like at that time.

This chapter will introduce the CoreQ: SS DC Survey website and talk about how SNFs and vendors access and use the private links on the website. It will also discuss the CoreQ: SS DC Survey XML data file specifications and steps needed for the XML data submission process.

The CoreQ: SS DC Discharge Survey Website

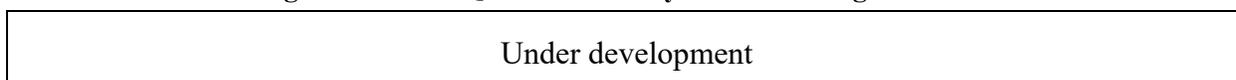
The CoreQ: SS DC Survey website (TBD) is maintained by CoreQ: SS DC Survey Coordination Team, who is working with CMS on the implementation of the CoreQ: SS DC Survey. The website is the primary method of communication for updates about the CoreQ: SS DC Survey to SNFs and vendors. The website has both public and private (restricted-access or firewalled) areas so that the security and privacy of interactions are ensured. Medicare certified SNFs and non-critical access hospital swing beds providing SNF care taking part in the CoreQ: SS DC Survey need to access the private links on the website to:

- authorize their contracted vendor to submit the SIF on their behalf,
- review their data submission reports, and
- view their CoreQ: SS DC Survey results before results are publicly reported.

Vendors use specific links on the firewalled side of the website to manage their user accounts and submit the SIF to the CoreQ: SS DC Survey Data Center.

On the public page there is a link to allow authorized users (SNF staff and vendors) to login to access the private sections of the website. Here they can undertake administrative functions for the CoreQ: SS DC Survey. Access to this firewalled section is controlled by website-issued user identification and passwords. The public areas of the website include important information about the CoreQ: SS DC for SNFs and vendors. Figure 9.1 shows the main navigation bar that allows users to access the different areas of the website.

Figure 9.1: CoreQ: SS DC Survey Website Navigation Bars



Each link in the navigation bar provides links to a form or file that SNFs or the vendors need. Below is a short description of the home page contents, including the information accessed through the navigation bar.

- “General Information” – This provides SNFs and vendors with participation news and requirements and archived public reporting files.
- “Training Tab” – This contains all the training registration forms, agenda, and training materials.
- “Forms for Vendors” - This includes all the forms vendors will need to conduct survey operations for their client SNFs.
- “Survey and Protocols” – This tab contains the complete set of CoreQ: SS DC Survey materials and the Protocols and Guidelines Manual. This information is updated annually or as needed.
- “Data Submission” – This includes the documents and materials to support the vendor data submissions process. The CoreQ: SS DC Survey Website User and Data Submission Manual, Version 1.0 is located here. The manual has detailed information about the website and the data submission process.
- “For SNFs” – This tab contains documents and materials needed to support SNF participation in the CoreQ: SS DC Survey. It includes the online registration form for SNFs to ask for access credentials and the online Participation Exemption Request (PER) form.
- “Quick Links” – This is located on the right side of the home page, and it provides easy access to many of the important links vendors and SNFs will need (See Figure 9.2).
- “Announcements” – This is not a separate tab, but it appears at the bottom of the home page. CMS and the CoreQ: SS DC Survey Coordination Team will use the Announcements section to circulate important updates about the CoreQ: SS DC Survey, including information on new policies or changes in survey administration protocols and procedures, along with reminders of upcoming data submission deadlines.
- “Information for SNFs” - This is a box on the right-hand side of the home page that has important information for SNFs, including SNF participation requirements, exemption eligibility, and instructions on the necessary steps for taking part in the CoreQ: SS DC Survey.

Figure 9.2: Quick Links on the CoreQ: SS DC Survey Website

Under Development

Figure 9.3 shows the public and private links contained in each of the navigation tabs on the home page. The private links are behind a firewall and are only accessible once the SNF or vendor has logged into the website. There will be one of two tabs “SNF Dashboard” or “Vendor Dashboard” that will appear once the user has logged into the CoreQ: SS DC Survey website.

Figure 9.3: Links Under the CoreQ: SS DC Survey Site Navigation Bars

Under Development

The Dashboard tab will provide users links to the key items they will need on the site. For example, SNFs can access the hyperlinks for all the documents needed for the Registration and Vendor Authorization process, including the:

- vendor authorization form,
- user console that shows administrative users within the SNF,
- recent announcements, and
- their data submission and latest Preview Reports.

Behind the vendor firewall are the important parts of the Vendor Approval Process including:

- status of and links to their vendor application, consent form, and overall approval status,
- user console that shows administrative users within the vendor,
- recent announcements, and
- links to the data submission reports and reports showing which SNFs have authorized them.

[SNF Access to the Website’s Protected Links](#)

CoreQ: SS DC Survey protocol requires that the SNFs designate a Survey Administrator, who is responsible for the protocol required tasks within the protected side of the CoreQ: SS DC Survey website. The Administrator’s role and responsibilities include:

- Serve as the point of contact for the CoreQ: SS DC Survey Coordination Team,
- Appoint at least one other person within the SNF to serve as a backup Administrator,

- Add and manage other administrative and non-administrative users on the “Manage User” page, and
- Authorize their contracted CMS approved survey vendor.

To obtain Survey Administrator credentials, the SNF should:

- Click on the “For SNFs” link on the CoreQ: SS DC Survey website (TBD) and then click “Register for Login Credentials”.
- Enter the contact information into the form, along with a username and password.
- Click “Submit” to submit the registration.

Once the designated Survey Administrator submits the Login Registration Form, the CoreQ: SS DC Data Center will send an email with the login credentials, so the Survey Administrator can immediately log into the protected side of the website.

Once a Survey Administrator has user credentials, they then need to register the CMS Certification Number (CCN) associated with the account. To do this, the user needs to:

- Click on the “For SNFs” link on the CoreQ: SS DC Survey website (TBD) and login.
- Click on “Register CCNs” hyperlink. Enter the CCN information. The system will show a text box with the Survey Administrator Roles and Responsibilities, with a checkbox for the user to acknowledge these are accepted.
- Click “Submit” to submit the registration.

It is strongly recommended that the Survey Administrator create a “Backup Administrator” account when they are logged in the protected portion of the website. The backup Administrator would have all the same permissions as the primary Administrator. Having a backup Administrator makes sure the system can be used if the primary Administrator is not available or leaves the SNF. Survey Administrators can add additional staff as either administrative or non-administrative users. Once the Administrator registers additional user(s), the CoreQ: SS DC system will automatically send an email with credentials to that user. *Non-Administrative users* will not be able to undertake any of the administrative functions. They can look at the survey reports on the protected side of the website.

If the SNF changes the Survey Administrator, the new Survey Administrator must contact the CoreQ: SS DC Survey Coordination Team to have the previous Survey Administrator credentials revoked, so the new person can then register for credentials.

SNF Vendor Authorization

Every SNF must authorize a vendor online at the CoreQ: SS DC Survey website to submit data for it *before* the vendor can submit CoreQ: SS DC Survey data for that SNF. To authorize a vendor, the SNF Survey Administrator must log into the protected side of the website and click on the “For SNFs” link. There is a dropdown menu under the link that shows “Authorize a Vendor”.

The online “Authorize a Vendor” form allows a Survey Administrator to authorize the vendor to submit SIFs for multiple SNFs if desired. If a Survey Administrator works with several SNFs, they can view vendor authorizations for all the SNFs they have administrative user credentials for, or they can authorize different vendors for each SNF.

SNF Survey Administrators are responsible for checking their vendor authorization status regularly to make sure that the vendor’s name, Start Date, and End Date are correct. This is important since CMS does not allow vendors to submit data files after the data submission deadline passes for a quarter.

The online *Vendor Authorization Form* lets SNFs do these four functions:

1. **Authorize a vendor for a SNF when a vendor has never been authorized.** The Survey Administrator of a SNF that is just starting to take part in the CoreQ: SS DC Survey process will need to follow these directions to authorize its vendor.
 - Select a vendor from the dropdown list provided,
 - Select the Start Date, i.e., the first day of the first quarter for which the vendor is being authorized to submit CoreQ: SS DC Survey data,
 - Select the SNF(s) (CCNs) that they are authorizing the vendor for, and
 - Click the “Submit” button.
2. **Change the Start Date or End Date for the current vendor.** This lets a SNF change the Start or End Date for the current vendor. The system lets the SNF change a Start Date and add or change an End Date for multiple CCNs.
3. **Change/switch to a different vendor.** To change or switch vendors, the SNF must initially enter an End Date for the current vendor (as described in Item 2 above). After entering an End Date for the current vendor, the SNF can then select and authorize the new vendor. **SNFs can ONLY change vendors at the beginning of each calendar year quarter.**
4. **View current authorization status.** This lets a SNF view its vendor authorization, including the vendor’s name and Start Date. The End Date is also shown if a SNF entered an End Date.

Vendor Access to the Website's Protected Links

Vendors have access to the protected sections on the CoreQ: SS DC Survey website after they have been approved as a vendor and the CoreQ: SS DC Survey Coordination Team has received the completed Vendor Administrator Consent Form. Vendors will receive their access credentials via email.

The first time an approved vendor's Survey Administrator logs into the protected side of the website, they will be prompted to change their password to maintain the security of the account. It is strongly recommended that the Survey Administrator create a "Backup Administrator" account when they are logged in the protected portion of the website. The backup Administrator would have all the same permissions as the primary Administrator. Having a backup Administrator makes sure the system can be used if the primary Administrator is not available or leaves the organization. Survey Administrators can add additional staff as either administrative or non-administrative users. Once the Administrator registers additional user(s), the CoreQ: SS DC system will automatically send an email with credentials to that user. **Non-Administrative users** will not be able to undertake any of the administrative functions. They can look at a limited number of survey reports on the protected side of the website.

If the vendor changes the Survey Administrator, the new Survey Administrator must contact the CoreQ: SS DC Survey Coordination Team to have the previous Survey Administrator credentials revoked, so the new person can then register for credentials.

Submitting Survey Information Files to the Data Center

The following sections detail information, specifications, and procedures vendors must follow to successfully submit the SIF through the "Data Center" portal on the CoreQ: SS DC Survey website. More information about the data submission process can be found in the *CoreQ: SS DC Survey Website and Data Submission Manual* that is available on the CoreQ: SS DC Survey website.

Quarterly Data Submission Deadlines

Vendors must submit data for three reporting months in each calendar quarter by a specific submission deadline each quarter. Vendors do have the option to submit data files to the CoreQ: SS DC Survey Data Center more frequently than quarterly. Since each submitted data file must pass a two-step validation process once the file is uploaded, vendors are strongly urged to submit the data files well in advance of the quarterly data submission deadlines. Submitting the files earlier will give the vendor enough time to review and resubmit the file in case the file fails the validation process. **The data files for all months in a specific quarter for each client SNF must be successfully submitted before the submission deadline for that quarter.**

Submitting Data for a Closed SNF

If a SNF is closed or is no longer active, its vendor is still under contract for the entire authorization period to administer and submit survey data on its behalf. Inactive SNFs are marked with an asterisk (*) symbol on the Vendor Authorization Report. Vendors must submit all the CoreQ: SS DC Survey data collected for a closed SNF to the CoreQ: SS DC Survey Data Center.

If a vendor gets a data submission error showing that it is not permitted to submit data when trying to upload a data file for a SNF that is closed, the vendor should contact the CoreQ: SS DC Survey Coordination Team for help. Data submission deadlines for submitting CoreQ: SS DC Survey data to the CoreQ: SS DC Survey Data Center apply to all SNFs, even those that have closed.

XML Data File Specifications for Data Submissions

Each XML data file needs to have a header record, a resident administrative data record for every resident receiving a survey, and a response record for every completed survey. Each XML file should have one month of survey data sorted by SNF. *Appendix F* has the XML data file layout for a standard header record, with the data file specifications and layouts for the CoreQ: SS DC Survey XML files.

All XML data file templates that vendors may need are located on the CoreQ: SS DC Survey website. Vendors are also urged to use the “XML Schema Validation Tool” to help them with file preparations. Vendors who need assistance with the XML format should contact the CoreQ: SS DC Survey Coordination Team.

SNFs and their vendors need to remember that a RIF must be submitted weekly, including weeks where there were no short stay residents. The SNF will be considered as having “missed” a week of survey participation if a data file is not submitted for each week. They may be deemed as noncompliant with the CoreQ: SS DC Survey participation requirements.

If a SIF for a reporting week is submitted more than once, the most recent data submission will overwrite the previous data file for the reporting week, even if those files have “passed” all the checks. The final file submission must only have data for all residents who were surveyed in a reporting week for a specific SNF.

Each of the XML file sections (Header Record, Resident Administrative Data Record, and Resident Response Record) are described in the following section.

Header Record

The Header Record will contain the identifying information for the SNF, the data included in the file, and the survey administration mode. The mandatory information is outlined below:

- **Provider Name** – the name of the SNF that it is doing business as.
- **Provider ID** – the CCN for the SNF.
- **NPI** – the national provider number for the SNF.
- **Mode** – The survey mode, either mail or telephone, **must be the same for all residents in each reporting week in the calendar quarter for the SNF.** SNFs and their vendors cannot change survey administration modes until a new quarter begins. Also note that the survey mode indicated in the Header Record must be one of the modes that the vendor is approved to use. If the mode is not one of the modes for which the vendor is approved, the CoreQ: SS DC Survey Data Center will not accept the data file when the vendor attempts to submit it.
- **Reporting Year** – the CoreQ: SS DC Survey reporting year.
- **Reporting Week** - the CoreQ: SS DC Survey reporting week.
- **Number of Residents on the RIF submitted by the SNF** – The SNF must give the vendor a complete list of short stay residents discharged from the SNF during the reporting week, regardless of payer. **If the SNF did not discharge any residents during the reporting week, the vendor must still SIF file for that reporting week. The SNF must therefore still submit a RIF to its vendor showing that there were 0 eligible residents.** If the SNF did not serve any residents during the reporting week, enter zero for this data element on the data file. The list of eligible residents does not include those who:
 - State-regulated residents.
 - “No publicity” residents.

Resident Administrative Data Record

The second part of the XML file contains the resident level data, including those who responded to the CoreQ: SS DC survey and nonrespondents. In this file, some of the information from the Header Record is repeated including the SNF’s CCN and the Reporting Week and Reporting Year. All the other information needed in this section pertains to the residents surveyed. **There must be a Resident Administrative Data Record for every resident in the reporting week.** The ID number assigned to each resident must be included. The CoreQ: SS DC Survey Data Center will only accept de-identified data, but the unique ID assigned to each resident must be included in the file. Files with missing or duplicated ID numbers will be rejected.

The weekly RIF contains most of the information required for the XML Resident Administrative Data Record. This includes:

- **Age** – the vendor will calculate the resident’s age based on the date of birth provided by the SNF.
- **Gender** – the resident’s gender.
- **Payer** – payer source information, including dual eligibility, HMO, and ESRD status.
- **BIMS** – the resident’s BIMS score.
- **Court Appointed Guardian** – whether the resident has a court appointed guardian.
- **Resident date of Admission** – the resident’s date of admission to the SNF.
- **Resident data of Discharge** – the resident’s date of discharge from the SNF.
- **Discharge Status** - where the resident was discharged to, including if the resident left against medical advice.
- **Time to Survey Initiation Following Discharge** – the time between when the resident was discharged from the SNF to when the survey was mailed.
- **Proxy/Intermediary** – a flag to show that someone else completed the survey for the respondent (*Chapter VIII* gives the details of how to code the proxy/Intermediary flag).
- **Race/Ethnicity** – the resident's race and ethnicity as reported on the MDS.
- **What is your preferred language?** – the resident’s preferred language as reported on the MDS.
- **Survey Dates** – the dates the survey was mailed and when it was returned.
- **Final Disposition** – the final disposition of the survey.

Source of Payment Data Element

As described earlier in *Chapter IV*, there might be instances where the SNF is not able to provide the source of payment for residents in a timely manner. Since the CoreQ: SS DC survey is an “all payer” survey, the vendor should include residents in the census frame if they meet all other eligibility criteria. If the SNF never gives the vendor the source of payment, the vendors should code the payer source data element as “Missing”, code the disposition of the survey as appropriate, and then submit the data to the CoreQ: SS DC Survey Data Center.

Resident Response Record

The third part of the XML file has the resident response record, i.e., it will contain the responses to the CoreQ: SS DC Survey from every resident who returned a completed questionnaire or participated in a telephone interview. **ONLY** the CoreQ: SS DC primary and help provided questions need to be submitted. Do not submit responses to non-CoreQ: SS DC questions that the vendor or SNF added to the survey.

For all resident response records included in the XML file, all response fields must have a valid value that can include “Missing”.

Whether the vendor includes the responses to the open-ended survey item - “How did the person help you” (response option 5 for Q6) – is up to the individual SNF in conjunction with its vendor. Vendors do not need to include responses to open-ended survey questions on the data files submitted the CoreQ: SS DC Survey Data Center. However, CMS does encourage vendors to review the open-ended entry so they can give feedback to the CoreQ: SS DC Survey Coordination Team about including additional preprinted responses to the survey question if needed.

XML Survey Data File Submission Procedures

Before submitting the XML data file, all vendors should apply the “XML Schema Validation Tool” available on the CoreQ: SS DC Survey website to each data file. This Tool is formatted to the XML Data File Specifications described in this chapter. The Validation Tool has some, but not all, of the validation checks applied when the data file is submitted to the CoreQ: SS DC Survey Data Center. Using the Validation Tool in advance of submitting data will increase the likelihood of successful file submission.

Vendors will need to log into the protected portion of the website to start the data submission process. Once they have accessed it, click on the “Submit Data” dropdown link under the “Data Submission” tab. The portal has standard dropdown menus which allow vendors to select and enter information, including their:

- Vendor ID number,
- CCN of the SNF for which they are submitting data, and
- Date of upload.

Vendor can submit files to the CoreQ: SS DC Survey Data Center as a single XML fil or as a ZIP file containing multiple XML files.

Vendors need to be aware that submitting additional XML files for a reporting week for a CCN will overwrite any files submitted earlier for that reporting week, even if the file was successfully submitted.

The data submission steps are as follows:

1. Log into the CoreQ: SS DC Survey website and locate the “Submit Data” link under the Data Submission Tab on the protected side of the website.
2. Select “Submit Data” from the dropdown menu and select “Link to Data Submission Tool”. The data submission tool page will be displayed.
3. Click the “Select” button to select the file to upload. The select button allows users to locate and directly upload files that have been saved in their own computer system. Vendors can either select a single XML file or a single ZIP file that has multiple XML files.
4. Click the “Select” button and chose the file to upload. The select button allows users to locate and directly upload a saved file from their own computer system.
5. After selecting the file to be uploaded, click “Upload XML” to submit the file. The Data Upload Summary Report will appear. A link to this report is also emailed to the vendor’s point of contact.
6. To upload more than one file at a time, click the “Add” button on the same screen. Additional file selection rows will be added. Repeat Step 3 for each file to be uploaded.
7. To remove added rows, click the “Remove” button to the right of the row to be deleted.

When data files are submitted to the CoreQ: SS DC Survey Data Center, they will undergo a two-step validation process. Files must pass both checks to be considered successfully submitted.

The first check occurs during the upload phase, and it makes sure that the XML template is properly formatted. If the vendor has incorrectly formatted the template, the data upload process will immediately stop and send an error message that describes the problem. After the system checks that the template is properly formatted, it will begin a series of data checks. It looks for any fields in the Header Record that are missing data. The system also checks for duplicate ID numbers. Finally, the system checks that the vendor is authorized to upload the data for a particular SNF. **If any file fails these first checks, they are immediately rejected by the CoreQ: SS DC Survey Data Center.**

Files that successfully pass the initial upload validation checks then go through a second validation process. CoreQ: SS DC SIFs must pass this second validation check before they are formally

accepted into the CoreQ: SS DC Survey Data Center. The second validation process checks to ensure that each record has a final disposition code, has a resident response record, and there is a consistency check to ensure the values in the header record match the values in the resident administrative record. Additionally, the system runs a completeness algorithm to verify all resident response records included on the file meet the survey completeness criteria. This helps to ensure that the appropriate surveys have a disposition code of “complete”, but the file will not be rejected files if cases are miscoded.

Vendors will receive an email with the results of the first and second validation checks, along with a link to the Data Submission Summary Report. Vendors are encouraged to check their reports every time they submit data. More details about these reports are available in *Chapter X* of this Manual and in the CoreQ: SS DC Survey Website and Data Submission Manual, available on the CoreQ: SS DC Survey website.

Data Submission Quality Control Guidelines

The guidelines below will assist vendors to ensure that the XML files are properly created and successfully submitted. Creating and using adequate QC on data submission in advance of the submission deadline helps to make sure that the SNF’s data files are accepted and submitted correctly. It is recommended that the QC checks be performed by a different staff member than the one who completed the initial task. Examples of potential types of QC are provided below.

Overall Quality Control Checks and Reminders:

- Confirm that the XML file name conforms to CoreQ: SS DC file naming standards (*Appendix F*).
- Ensure that an XML file is accepted for each reporting week for each SNF, even if the SNF submitted a RIF that did not contain any short stay residents.
- Check to ensure all resident data the SNF provided for a resident on the RIF is exported correctly to the XML file.
- Zero-eligible files: If the RIF has no short stay residents, the vendor must still create and submit an XML file for that reporting week. In the “Number Eligible” data field, the vendor should indicate there were zero eligible residents, and enter all other required information in the Header Record Section of the XML file. If the vendor does not submit an XML file, CMS will view the SNF as having “missed” a reporting week. This means that there will be no documentation on file showing the SNF met the participation requirements for the reporting week. Vendors are required to get either a file showing no eligible residents or an email from the SNF to this effect, for each reporting week where there are no eligible residents.

- Vendors need to ensure that they do not submit a zero-eligible file for a SNF that had not submitted a RIF or provided email documentation that they did not discharge any eligible residents. CoreQ: SS DC vendors do not need to submit a Discrepancy Notification Report (DNR) if there are zero eligible cases. But they are required to submit a DNR if the SNF did not submit any file or email at all each time this happens for a maximum of 4 consecutive weeks.
- Calculate data distributions (i.e., response frequencies) on selected data elements and look for any anomalies. This is a quick way to identify potential problems within the data. For example, if the race data element for all respondents in the XML file is Samoan, this could be an indication that the race data element has incorrect data. Likewise, if the response to all the CoreQ: SS DC primary questions is “1” for all the respondents in the file, this is likely a signal there is a data issue. Creating this QC check on a sample of the data records helps to make sure that the data are exported correctly into the XML file.
- Vendors should also regularly check the Vendor SNF Authorization Report to ensure each of their SNF clients has correctly authorized them to submit data and that the “Start Date” entered is the correct data for the first week of the quarter where the vendor is collecting data. XML files will be rejected if a SNF has not correctly authorized its vendor to submit data.

XML Header Record Quality Control

- Check that the number of short stay residents included in the RIF is equal to or smaller than the number of residents discharged during the week. It should never be more than the number of residents discharged.
 - $(\langle \text{number-short-stay-residents} \rangle) \leq (\langle \text{number-discharged-residents} \rangle)$
- Check that the number of residents surveyed is less than or equal to the number of residents discharged during the week.
 - $(\langle \text{number-surveyed-resident} \rangle) \leq (\langle \text{number-discharged-residents} \rangle)$
- Ensure that the number of residents for which the SNF submitted data on the RIF is greater than (or equal to) the number of surveys mailed.
 - $(\langle \text{number-eligible-residents} \rangle) \geq (\langle \text{number-vendor-submitted} \rangle)$
- Check the reporting week entered in the XML file to ensure that the reporting week is correct. The CoreQ: SS DC Survey Data Center will not accept any data file for a reporting week in a previous data submission quarter. However, it will take files for weeks in the current and upcoming data submission quarters. Also, check to make sure that the

reporting week on the file correctly shows the week in which the resident was discharged from the SNF.

XML Resident Administrative Records Quality Control

- Make sure that the total number of residents that the vendor has included in the administrative information in the resident administrative section of the XML file is the same number of residents surveyed.
 - (`<number-residents-surveyed>`) = (`<number-residents-administrative-section>`)
- Ensure there are no duplicate ID numbers assigned in the XML files across weeks in the data submission period or in previous data submission periods. An ID number can only be assigned to one resident for one survey and cannot be reused within a quarter, across quarters, or years.
- Ensure the correct code is entered in the XML Resident Administrative Record to indicate whether a proxy/intermediary was used for the completed survey.
- Validate that all final disposition codes are correct. Vendors must ensure that no data are submitted for cases that are coded as ineligible.
- Make sure that there is a response value for all data elements on the file. If the data are missing for a data element, then enter either the Missing Code or the Not Applicable code.
- Create a sample of residents for whom data are entered in the XML file and compare the data elements in the Resident Administrative Data Record section of the XML with the corresponding RIF submitted by the SNF. This helps to ensure that the data are exported correctly from the data source into the XML file.

XML Resident Survey Responses Quality Control

- Create a 20 percent sample of residents who have data entered on the XML file and compare the entries in the Resident Survey Response Record section of the XML file with the hardcopy survey or scanned image of the completed survey. Creating this QC check on a sample of data records helps to make sure that data are correctly exported from the data source into the XML file.
- Check the completeness algorithm (*Chapter IX*) for all cases where there is a Resident Survey Response record in the XML file. The CoreQ: SS DC Survey Data Center also checks respondent records on the XML file to ensure they meet the completeness criteria.

X. SNF CoreQ: SS DC Survey Website Reports

The CoreQ: SS DC Survey website is currently under development and will be available later. This chapter provides an overview of what the website will look like at that time.

Overview

This chapter contains an overview of the reports that the CoreQ: SS DC Survey Data Center creates to indicate the status of data submissions and the quality of data submitted. These reports are described in in this chapter.

Reports for Vendors

Within the protected section of the CoreQ: SS DC Survey website, vendors will have access to several reports (Table 10.1).

Table 10.1: CoreQ: SS DC Vendor Reports

Title	Description
Data Submission Summary Report	Allows vendors to identify data errors during the data submission process
Data Submission Validation Status Report	Allows vendors to identify whether incorrect vendor authorizations are resulting in a data submission failure
Vendor Authorization Report	Allows vendors to view all the SNFs that have authorized the vendor to collect and submit data on their behalf
Annual Payment Update (APU) Participation Summary Report	Provides vendors a list of the SNFs in the CoreQ: SS DC Survey participation period where the vendor submitted the Survey Information File

The Data Submission Summary Report

The vendor will receive two Data Submission Reports during the data submission process. Table 10.2 provides a short breakdown of the edit checks in each edit check. The first report is produced after the first check is run on the submitted data. The first/initial check of the submitted data file is to make sure that the XML template has been used and is properly formatted. If any of a vendor's data files has an incorrectly formatted template, the data upload process will stop immediately and send an error message to the vendor that describes the problem detected. Examples of the initial edit check reports are found in the *CoreQ: SS DC Survey Website User and Data Submission manual*, available on the CoreQ: SS DC Survey website.

After the system verifies that a properly formatted template has been used, it begins a series of data checks that look for any fields in the Header Record with missing data. If any required data are missing, the file will be rejected, and the Data Submission Summary Report will let the vendor know what data fields are missing. The system will also check for any duplicate IDs to make sure

that the same ID has not been used more than once for a given SNF in a quarter. If a vendor has used a duplicate ID, the file will be rejected. This report will identify where the error is located so it can be corrected. Finally, the report will check to make sure that the vendor has been authorized by the SNF for which a data file is being loaded to submit data on the SNF's behalf. Vendors will receive a second email where the results of the second check have been appended to the initial Data Submission Report and provides detail by CCN of errors that would cause the files to be rejected, so that the vendor can fix these errors and resubmit the file(s). If there are no errors, the report will show that the file has been successfully submitted and been processed for public reporting.

Table 10.2: Data Submission Edit Checks

Edit check	Activity
Edit check 1	<ul style="list-style-type: none"> File properly formatted
Edit check 2	<ul style="list-style-type: none"> Vendor authorized to submit data Missing data, Duplicate ID numbers, Invalid responses, and Required data

If **all** the records for a given CCN are accepted, then the vendor does not need to resubmit the file. However, if a vendor submitted a file for multiple CCNs concurrently, and one or more of the CCNs has invalid records, the vendor will need to resubmit a file containing all records for the CCN that had invalid records.

It is strongly recommended that vendors submit files well before the quarterly submission deadline. This allows the vendors time to thoroughly check their Data Submission Report, fix all errors, and ensure a successful two-step resubmission before the 11:59PM Eastern Standard Time (EST) submission deadline for each quarter. The quarterly submission deadlines are posted on the CoreQ: SS DC Survey website at TBD.

Data Submission Validation Status Reports

All vendors can see a history of their data submission activities under the Data Submission Report menu option (Table 10.3).

Table 10.3: Survey Vendor Data Submission Validation Status Reports

Title	Description
Data Submission History	Vendors can see a summary or detailed list of data submission activity for all their SNF clients
Data Submission History by Upload Date	Allows vendors to search for a data submission report by upload date
Data Submission Validation Status	Shows vendors their latest submissions by CCN.

All failed submissions are listed first, along with a column showing whether the failure is the result of a vendor authorization issue. This allows vendors to quickly identify if any of their SNF clients need to initiate or correct a vendor authorization.

Vendor Authorization Report

Vendors can view a list of all SNFs that have authorized the vendor to collect and submit data on their behalf using the Vendor Authorization Report. If a vendor is under contract with a SNF, but the SNF has not yet authorized the vendor to submit the SNFs data, the vendor should contact the SNF and request that they be formally authorized. If a vendor submits a file for a SNF that has not formally authorized them, the data will be rejected by the data file submission process since there is no formal link between the vendor and the SNF. The CoreQ: SS DC Survey Data Center will reject all data files if the SNF has not authorized the vendor to submit the SIF or if the vendor authorized Start Date entered is later than the first day of the reporting week that the SNF begins taking part in the CoreQ: SS DC Survey.

It is the vendor's responsibility to make sure that all SNFs they have contracted with to administer the CoreQ: SS DC Survey, complete the authorization process.

If a SNF closes or is no longer active, its vendor is still under contract to administer the survey and provide data on behalf of the SNF. The vendor authorization the SNF submitted is in effect for the entire authorization period. The vendor should indicate closed and inactive SNFs with an asterisk (*) symbol on the Vendor Authorization Report. Vendors must still submit the CoreQ: SS DC SIF collected for the closed SNF to the CoreQ: SS DC Survey Data Center.

Annual Payment Update (APU) Participation Summary Report

Vendors can use the APU Participation Summary Report combined with their own data submission tracking reports to ensure they have submitted an XML file for each reporting week and that the file was accepted.

- To access this report, click on the Data Submission Reports link on the CoreQ: SS DC Survey website, then click the link to the report.
- Vendors can then select the APU participation period to be reviewed. APU participation periods reflect the weeks where the SNFs must administer the CoreQ: SS DC Survey to receive the APU Participation Summary Report.

Reports for Skilled Nursing Facilities

SNFs have access to the following reports in the private section of the CoreQ: SS DC Survey website (Table 10.4):

Table 10.4: Skilled Nursing Facility Reports

Title	Description
Data Submission History Report	Allows the SNF to monitor its vendor’s data submission activities. SNFs should review the report regularly, such as on a weekly, monthly, or quarterly basis, depending on the contract the SNF has with the vendor in terms of frequency of SIF data submission.
CoreQ: SS DC Provider Preview Report	Allows the SNFs a preview of the CoreQ: SS DC Survey results compiled for each SNF on a quarterly basis prior to being publicly reported

Data Submission History Report

The report is available under the “For SNFs” tab on the CoreQ: SS DC Survey website. SNFs that have a contracted vendor can log in to the website and view, print, and download the Data Submission History Report that includes information on the number of submissions and the submission status of the vendor’s weekly, monthly, or quarterly submissions on their behalf. The report will show all the dates when the CoreQ: SS DC Survey Data Center accepted the vendor submitted data files for the SNF. The report contains information only for those files that have been successfully submitted. SNFs can use the report to follow up with its vendor if the expected data submissions are not listed. The Data Submission History Report also has a hyperlink embedded in the date for each submission that takes the SNF to the data validation checks performed on the files uploaded on that date.

To ensure the confidentiality of each SNF and vendor, only the SNF and its authorized vendor can view the SNFs submission history.

CoreQ: SS DC Provider Preview Report

The CoreQ: SS DC Provider Preview Report provides SNFs a preview of their facility’s survey results that will be reported on the Care Compare website at www.medicare.gov/care-compare/. The preview report is available approximately two weeks before the CoreQ: SS DC Survey results are published online. SNFs can access their preview report via the protected side of the CoreQ: SS DC Survey website.

- To access the reports, SNFs log into the CoreQ: SS DC Survey website and then select the “Preview Reports” link under the “For SNFs” tab.
- SNFs taking part in the CoreQ: SS DC Survey will be able to access their own reports. The Preview Report is not available to their vendor or to anyone else other than the SNF.

XI. Oversight Activities

Overview

This chapter outlines the oversight activities undertaken by the CoreQ: SS DC Survey Coordination Team to make sure that the survey is administered according to the CoreQ: SS DC Survey protocol requirements. Described below are the requirements for the vendor Quality Assurance Plan (QAP), data review activities to be done by the CoreQ: SS DC Survey Coordination Team, communication between the CoreQ: SS DC Survey Coordination Team and the vendors, and site visit procedures.

Quality Assurance Plan (QAP)

All vendors wanting approval to conduct the CoreQ: SS DC Survey must complete a QAP. This document will outline how the vendor will implement, comply with, and provide oversight for the survey and data processing activities associated with the CoreQ: SS DC Survey.

The initial QAP must be submitted to the CoreQ: SS DC Survey Coordination Team within 6 weeks after the vendor's first quarterly data submission. Vendors must update and submit a revised QAP annually and any time changes occur in staff or vendor capabilities or systems.

A sample QAP outline is included in *Appendix G* to provide guidance for vendors when they develop their own QAP. All QAP's need to include the following sections:

- Organizational Background and Staff Experience
- Work Plan
- Survey Implementation Plan
- Data Security, Confidentiality, and Privacy Plan
- Survey Attachments

In each section, vendors must identify all key staff who are responsible for the implementation or oversight of the activities, procedures, and methods used, along with all quality assurance activities implemented. All changes to key staff must be reported to the CoreQ: SS DC Survey Coordination Team. The vendor needs to include enough information for all these components, so that CMS can evaluate if the vendor is following all the approved protocols. If CMS and the CoreQ: SS DC Survey Coordination Team believe that the vendor's QAP does not have enough detail to make this decision, the CoreQ: SS DC Survey Coordination Team will ask the vendor to update its QAP to address these issues and resubmit it. Vendors also need to submit a copy of their CoreQ: SS DC mail survey or the screen shots from their electronic telephone interview (for telephone

surveys) as part of their QAP. **Please note that the submission and approval of a completed QAP is a component of the vendor approval process.** Vendors will only have a “conditional” approved status until their QAP is received, reviewed, and approved. At that time, they will be granted official approved vendor status.

When creating their QAP, vendors should review and refer to the Model QAP (*Appendix G*) on the CoreQ: SS DC Survey website to make sure they provide all required information, including comprehensive information about systems, protocols, and processes, so the CoreQ: SS DC Survey Coordination Team can assess how the vendor is implementing the survey. The CoreQ: SS DC Survey Coordination Team may ask for additional information from the vendor if the information provided is insufficient. Vendors should organize their QAPs to follow the sections in the Model QAP and ensure that the QAP is paginated to assist in the review process by CMS and the CoreQ: SS DC Survey Coordination Team. Approved vendors must update and submit their QAP annually or when they make changes to CoreQ: SS DC personnel. It is important that each annual QAP update reflects only the new changes made since the last approved version of the QAP.

Data Review

The CoreQ: SS DC Survey Coordination Team will undertake ongoing data reviews for each vendor. As discussed in *Chapter IX*, data files are reviewed immediately after submission for proper formatting, completeness, accuracy or record count, and out-of-range and missing values. Additionally, the team runs a sequence of edits on the data to look for other issues, such as outlier response rate patterns or unusual data elements.

The CoreQ: SS DC Survey Coordination Team will work with the vendor to resolve any data issues using conference calls or email exchanges. If the team feels there are significant issues with a vendor’s data or if repeated discussions and contact with a vendor fail to produce complete and accurate data submissions, a more thorough review of the vendor's data processing and survey implementation can be initiated.

The CoreQ: SS DC Survey Coordination Team may ask for copies of vendor documentation associated with data issue, for example, if duplicate responses are found repeatedly, the team may ask for copies of the documents showing the training program used to train the Data Entry staff, training records, and documentation with the quality assurance practices connected with data entry were followed. Vendors are expected to submit the documentation upon request.

Communication Between Vendors and the CoreQ: SS DC Survey Coordination Team

The CoreQ: SS DC Survey Coordination Team welcomes communication from vendors related to the CoreQ: SS DC Survey implementation process. Vendors can also request teleconference calls to ensure their successful implementation of the CoreQ: SS DC Survey. For phone and email communications relevant to specific SNFs, vendors must provide the SNF name and CCN.

The CoreQ: SS DC Survey Coordination Team may also schedule conference calls with selected vendors to review vendor procedures and ensure adherence to the CoreQ: SS DC Survey protocols and guidelines. The team makes periodic calls to selected vendors to assess the status of data collection and file processing issues in general. These calls are scheduled in advance so that appropriate members of the vendor's project team can participate.

Site Visits to Vendors

The CoreQ: SS DC Survey Coordination Team conducts site visits to selected approved vendors, but all approved vendors are subject to visits. The purpose of the site visits is to allow the CoreQ: SS DC Survey Coordination Team to observe the entire CoreQ: SS DC Survey implementation process, from the census file creation through file preparation and submission.

The CoreQ: SS DC Survey Coordination Team expects at a minimum to accomplish the following on each site visit:

- Interviews with the vendor's key CoreQ: SS DC Survey project staff, including the project manager and data manager.
- A "walk through" of the systems and processes used from the point of obtaining a census frame from a SNF to preparation of a final data file, including but not limited to a review of:
 - software/programs used to select and store the census frame; how resident contact information (name and address) and ID number are printed on letters accompanying questionnaire mailings or provided to a call center for telephone survey data collection; survey production, mailout, and receipt facilities/processes,
 - all data processing activities, including how final status codes are assigned, and
 - file preparation and submission activities; and file storage facilities.
- A review of all documentation associated with any of the above steps. The documentation to be reviewed includes but is not limited to:
 - signed confidentiality forms for all applicable staff, including subcontractors,
 - training records, such as for data entry or telephone interviewing staff,
 - monitoring logs,
 - verification records, for either data entry or scanning processes, showing the level of quality control for keyed questionnaires, and

- quality control processes documentation for all survey activities.

The CoreQ: SS DC Survey Coordination Team may make either scheduled or unscheduled visits to the vendor's site. Scheduled visits will be planned far enough in advance to ensure that all appropriate vendor staff are able to participate in the site visit review process. For unscheduled visits, the CoreQ: SS DC Survey Coordination Team will give the vendor a 3-day window during which the team may conduct the onsite review.

Generally, the site visit team will consist of two to three individuals, although the size of the team may vary and may include representatives from CMS. All discussions, observations, and materials reviewed during the site visit will remain confidential, as documented in the Data User Agreement completed in advance of the site visit. Thus, although the CoreQ: SS DC Survey Coordination Team appreciates that certain systems or processes may be proprietary to a vendor, full cooperation with the site visit team is expected so that the team may adequately assess vendor compliance with all CoreQ: SS DC Survey protocols and guidelines.

After each site visit, the CoreQ: SS DC Survey Coordination Team will prepare and submit to CMS a *Site Visit Report* that summarizes the findings from each site visit, including any systems and data issues. The *Site Visit Report* will also describe corrective actions that the vendor will be required to take to correct any deficiencies or problems noted. The team will provide the vendor with the *Site Visit Report* after it has been reviewed with CMS project staff. The CoreQ: SS DC Survey Coordination Team may request clarification, additional documentation, or changes to any aspect of the implementation process, if needed. The vendor will then be given a specified period to provide the additional information or submit documentation showing that it has implemented the requested process or system change. The CoreQ: SS DC Survey Coordination Team will follow up with the vendor by teleconference or with additional site visits as needed.

Corrective Action Plans

If a vendor fails to demonstrate adherence to the CoreQ: SS DC Survey protocols and guidelines, as evidenced by ongoing problems with its submitted data or as observed in its implementation process during a site visit, CMS may ask the CoreQ: SS DC Survey Coordination Team to either increase oversight of the vendor's activities (or submitted data files) or, if necessary, put the vendor on a corrective action plan.

If the vendor is placed on a corrective action plan, the CoreQ: SS DC Survey Coordination Team will work out a schedule with CMS by which the vendor must comply with the tasks set forth in the corrective action plan. These will include interim monitoring dates, where the CoreQ: SS DC Survey Coordination Team and the vendor will meet via teleconference to discuss the status of the plan and what changes the vendor has made or is in the process of making. The nature of the requested changes that the vendor is asked to implement will dictate the kind of "deliverables" the vendor will be expected to provide and the dates by which the deliverables must be provided.

Vendors that fail to comply with the oversight activities described above or whose implementation of the CoreQ: SS DC Survey is found to be unsatisfactory after the opportunity is given to correct deficiencies may be subject to having their “approved” status rescinded. Further, any SNF survey responses collected by the vendor may be withheld from public reporting. The affected SNF(s) will be notified by the CoreQ: SS DC Survey Coordination Team of their vendor’s failure to comply with oversight activities or unsatisfactory implementation so that the SNF(s) will have the opportunity to contract with another approved vendor.

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XII. Exceptions Request Process and Discrepancy Notification Report

Overview

This chapter provides an overview of the process used to ask for an exception to the CoreQ: SS DC Survey Protocols, including guidelines for submitting an Exceptions Request Form (ERF). Additionally, the chapter includes information about the process for letting the CoreQ: SS DC Survey Coordination Team know about an unplanned discrepancy in collected or submitted survey data. Vendors need to submit a Discrepancy Notification Report (DNR) if there is an inadvertent or temporary deviation from the standard CoreQ: SS DC Survey Protocols.

Exceptions Request Form (ERM)

The ERF (*Appendix H*) needs to be completed by the vendor if they are requesting a **planned deviation** from the standard CoreQ: SS DC Survey protocols. Vendors may request the same exception for multiple clients SNFs at the same time. The ERF can be accessed and submitted online (TBD).

Review Process

The CoreQ: SS DC Survey Coordination Team will undertake a review of a vendor's exceptions request, looking at the methodological strengths and weaknesses of the proposed changes. The CoreQ: SS DC Survey Coordination Team will notify the vendor if the exceptions request has been approved or denied within 48 hours (2 days). If it is denied, the vendor, has 48 hours (2 days) to appeal the decision. If the vendor elects to appeal the decision, they need to check "Appeal of Exception Denial" in Box 1a on the ERF and update the form providing additional information being requested. Within 24 hours (1 day), the CoreQ: SS DC Survey Coordination Team will review the appeal and provide a final decision on the exception to the vendor.

Discrepancy Notification Report (DNR)

The DNR (see *Appendix H*) lets the vendor notify the CoreQ: SS DC Survey Coordination Team of any **unplanned deviation** from the CoreQ: SS DC Survey protocols that may require some type of corrective action by the vendor. CMS uses this information as part of its evaluation of whether the SNF has met the CoreQ: SS DC Survey participation requirements for each fiscal year APU. Below are a few examples of when a DNR needs to be submitted:

- The vendor or SNF accidentally left out eligible residents from the census frame.
- The vendor is unable to start the survey within 7 days after receiving the resident information file from the SNF.

- A data element was not entered correctly, and it was then submitted on the XML file (e.g., the proxy variable was not computed correctly).
- For any reason the SNF did not provide the vendor with a RIF for the reporting week. The reason must be included in the *DNR*.

The DNR can be accessed and submitted online via the CoreQ: SS DC Survey website (TBD). Additionally, on the website there is an Excel template available for vendors to submit with their online DNR. The Excel template has all the fields required for the information CMS needs to evaluate the discrepancy.

The vendor must notify the CoreQ: SS DC Survey Coordination Team **within 24 hours after the discovery of a discrepancy**. The vendor must submit a DNR if the SNF client does not provide a RIF for a reporting week. **If the SNF continues to not submit a RIF for 4 consecutive reporting weeks**, the vendor does not need to continue submitting a DNR for that specific SNF. However, it is up to the vendor to keep track of the number of reporting weeks the SNF did not submit a RIF and to submit a DNR for the first 4 weeks this occurs.

Vendors **do not need to submit a DNR** if the SNF informed the vendor through an email or submission of a 0-eligible file that it has no eligible residents in a reporting week. (If the SNF submits a 0-eligible file to a vendor, the vendor must **still** submit an XML file for that reporting week indicating there were no eligible residents.) If the vendor is unable to administer the CoreQ: SS DC Survey within 7 days after receipt of the RIF, the vendor will need to submit a DNR to CMS and notify the affected SNF(s).

Discrepancy Report Review Process

The CoreQ: SS DC Survey Coordination Team will undertake a review of the vendor's DNR and determine the extent of the impact of the discrepancy on the publicly reported data. Depending upon the type of discrepancy, a footnote may be added to the publicly reported data. The CoreQ: SS DC Survey Coordination Team will notify the vendor if additional information is needed to either document or correct the discrepancy.

APPENDIX A: VENDOR PARTICIPATION FORM

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**SKILLED NURSING FACILITY COREQ: SS DC SHORT STAY
VENDOR PARTICIPATION FORM**

Vendors wanting to become CMS Approved Survey Vendors must complete this application form.

Prior to completing the application, vendors should review the vendor participation requirements in the CoreQ: SS DC Short Stay Discharge Survey Protocols and Guidelines Manual (*Chapter III*). The manual is available at: TBD

To submit this form online, please see the CoreQ: SS DC Survey website at TBD

Check one:

- New form
- Update to existing form

Date of Submission: [Click or tap to enter a date.](#)

1. ORGANIZATION AND CONTACT INFORMATION

The following general information should be filled out about the applicant organization.

1. Vendor Organization Information

Organization Name: [Click or tap here to enter text.](#)

Mailing Address 1: [Click or tap here to enter text.](#)

Mailing Address 2: [Click or tap here to enter text.](#)

City: [Click or tap here to enter text.](#)

State: [Choose an item.](#)

ZIP Code: [Click or tap here to enter text.](#)

(Area Code) Telephone number: [Click or tap here to enter text.](#)

(Area Code) Fax number: [Click or tap here to enter text.](#)

Website address: <https://>[Click or tap here to enter text.](#)

2. CONTACT PERSON

First and Last Name: [Click or tap here to enter text.](#)

Title: [Click or tap here to enter text.](#)

Email address: [Click or tap here to enter text.](#)

If different than the organization mailing address:

Mailing Address 1: [Click or tap here to enter text.](#)

Mailing Address 2: [Click or tap here to enter text.](#)

City: [Click or tap here to enter text.](#)

State: [Choose an item.](#)

ZIP Code: [Click or tap here to enter text.](#)

(Area Code) Telephone number: [Click or tap here to enter text.](#)

(Area Code) Fax number: [Click or tap here to enter text.](#)

II. VENDOR REQUIREMENTS

Interested vendors, should review the vendor participation requirements outlined in the Manual (TBD). It is important that vendor note:

- Any organization that owns, operates, or provides staffing for a skilled nursing facility is not allowed to administer its own CoreQ: SS DC Survey or administer the questionnaire on behalf of other skilled nursing facilities.
- To be compliant with CoreQ: SS DC oversight requirements, including site visits at the vendor's location, applicant vendors must conduct all CoreQ: SS DC Survey-related operations within the continental United States.

All vendor applicants must meet the minimum business requirements laid out in Chapter III of the Protocols and Guidelines Manual to be eligible to become an approved CoreQ: SS DC vendor. Please answer the following questions. Completion and submission are certification that your organization has read and meets these requirements.

RELEVANT BUSINESS EXPERIENCE

1. Number of Years in Business: [Choose an item.](#)
2. Number of Years Conducting Surveys of Individuals*: [Choose an item.](#)

* "Survey of individuals": The collection of data from individuals and the data collected are used for statistical purposes. This is not individuals responding on behalf of a business or other organization (e.g., establishment or institution level surveys).

Note: The organization must have conducted surveys where individuals were surveyed for at least 2 years. If the vendor has an employee with the relevant experience that was obtained at a different organization, that experience does NOT count toward the two-year minimum of survey experience.

The following types of data collection activities are NOT considered to satisfy the requirements of experience conducting surveys of individuals, and will not be considered as part of the necessary experience:

- Polling questions given to trainees or participants of training sessions/educational course, seminars, or workshops,
- Focus groups, cognitive interviews, or other qualitative data collection activities,
- Surveys of less than 600 participants,

- Internet or web-based surveys, and
 - Interactive Voice Recognition surveys.
3. Survey Experience (*indicate number of years of experience conducting surveys using each data collection mode*):
- Mail Only
Years: [Choose an item.](#)
- Telephone Only
Years: [Choose an item.](#)

INDICATE MODE YOU ARE APPLYING FOR

Please indicate the survey mode you are applying for. Indicate whether you are using a subcontractor for that mode.

1. Applying for Mail Only

- Yes No

Using a Subcontractor(s)?

- Yes No

2. Applying for Telephone Only

- Yes No

Using a Subcontractor(s)?

- Yes No

If using a subcontractor, please specify the number of years of experience that the subcontractor has been conducting surveys, for that mode(s)

- Mail Only

Years: [Choose an item.](#)

- Telephone Only

Years: [Choose an item.](#)

SURVEY CAPABILITY AND CAPACITY

The questions below will show that the vendor applicant has the capability and capacity to collect and process all survey-related data for the selected survey administration mode(s) following standardized procedures and guidelines. Organizations must currently have all the necessary facilities, equipment, and systems to implement the CoreQ: SS DC Survey and have sufficient staff with the requisite training, qualifications, and experience.

Personnel—Applicant Organization

1. Can your organization assign a CoreQ: SS DC Survey Project Manager with survey administration and management experience?
 Yes No
2. Does your organization have computer programmers able of processing data and preparing data files for electronic submission?
 Yes No
3. Please explain any “No” responses above: [Click or tap here to enter text.](#)

Facilities and Systems—Applicant Organization

1. Does your organization have physical facilities for processing and storage of all data collection materials.
 Yes No
2. Does your organization have computers and computer software and any other equipment needed for survey implementation (e.g., scanners, printers, computer-assisted telephone interviewing [CATI] or alternative electronic system, data entry system).
 Yes No
3. Does your organization have an electronic survey management system to track administered surveys throughout the data collection period.
 Yes No
4. Does your organization have a call center or telephone bank facilities for telephone survey implementation.
 Yes No NA
5. Is your organization able to offer and man a toll-free telephone number to receive and address calls from survey participants, including TTY (required for ALL modes).
 Yes No
6. Is your organization able to offer and respond to a customer service email to address emails from respondents (required for ALL modes).
 Yes No
7. Do your organization have a secure commercial work environment for receiving, processing, and storing hardcopy questionnaires from skilled nursing facilities that will protect the confidentiality of resident response data and personal identifying information (i.e., hardcopy documents must be stored in a locked file cabinet, room, or building).
 Yes No

8. Does your organization have appropriate systems in place to protect the confidentiality of electronic data received from skilled nursing facilities AND survey data received from residents. Systems may include storing electronic files in password-protected locations, use of firewalls, use of strong password policies, use of data encryption software for sending private health information, and use of proper software for virus and spyware protection. This would also include limiting access to data only to personnel who require access and administrators.
- Yes No
9. Please explain any “No” responses above: [Click or tap here to enter text.](#)

Census Frame Development —Applicant Organization

1. Does the organization have ability to construct a census frame that includes all residents who meet survey eligibility criteria.
- Yes No
2. Is your organization able to work with individual skilled nursing facilities to obtain the resident information file (RIF) and can accept the data electronically or on hard copy, depending on how the skilled nursing facility provides it.
- Yes No
3. Can your organization convert the RIF from paper to electronic file format so that quality control checks can be performed on census frame by the CoreQ: SS DC Survey Coordination Team.
- Yes No
4. Please explain any “No” responses above: [Click or tap here to enter text.](#)

SURVEY ADMINISTRATION REQUIREMENTS

Please provide responses for the Mail-only survey administration mode:

Mail-Only Survey Administration (Not Applying for this Mode)

Your organization has the ability:

1. To obtain and verify addresses for the RIF.
- Yes No
2. Print professional-quality survey instruments and materials.
- Yes No
3. Assign a unique identification number (ID) to each surveyed resident and match the ID to the status/outcome for each surveyed resident.
- Yes No

-
4. Assemble and mail survey materials.
 Yes No
 5. Receive and process (key entry or scanning) completed questionnaires received.
 Yes No
 6. Track and identify nonrespondents for follow-up mailing.
 Yes No
 7. Provide a toll-free customer support line, including TTY, and respond to calls within 1 to 2 business days.
 Yes No
 8. Provide an email address for survey respondents and respond to emails within 1 to 2 business days.
 Yes No
 9. Assign final status codes to describe the result of work on each surveyed case.
 Yes No

Please explain any “No” responses above: [Click or tap here to enter text.](#)

Telephone-Only Survey Administration (Not Applying for this Mode)

Your organization has the ability:

1. Vendor has the capability to obtain and verify telephone numbers.
 Yes No
2. Develop computer programs for computer-assisted telephone interview (CATI) instruments.
 Yes No
3. Collect data using a CATI system or alternative electronic system.
 Yes No
4. Schedule call backs to nonrespondents at varying times of the day/week.
 Yes No
5. Assign a unique ID to each surveyed resident and match the ID to the status/outcome for each surveyed resident.
 Yes No

6. Provide a toll-free customer support line, including TTY, and respond to calls within 1 to 2 business days.
- Yes No
7. Provide an email address for survey respondents and respond to emails within 1 to 2 business days.
- Yes No
8. Assign final status codes to describe the result of work on each surveyed case.
- Yes No

Please explain any “No” responses above: [Click or tap here to enter text.](#)

Data Processing and File Submission—Applicant Organization

1. Can your organization scan or key and develop data files and edit and clean data according to standard protocols.
- Yes No
2. Can your organization submit data electronically in the specified format (XML) via the CoreQ: SS DC Survey secured website.
- Yes No
3. Can your organization follow all data cleaning and data submission rules, including:
- a. Verification that data are de-identified and contain no duplicate cases.
- Yes No
- b. Verification that the XML template is correctly formatted and contains the proper data headers and data records.
- Yes No
- c. Ability to work with CMS’ contractor to resolve data and data file submission problems.
- Yes No
4. Please explain any “No” responses above: [Click or tap here to enter text.](#)

Quality Assurance – Applicant Organization

Vendor must be able to incorporate quality assurance into all data collection, data processing, and data file construction activities as noted below. Vendor must participate in all required training and quality assurance activities required to ensure the successful implementation of the CoreQ: SS DC Survey.

1. Vendor must be able to incorporate well-documented quality control procedures (as applicable) for:
- a. In-house training of staff involved in survey operations.
- Yes No

-
- b. Census frame construction.
- Yes No
- c. Printing, mailing, and recording of receipt of incoming survey.
- Yes No NA
- d. Telephone administration of survey.
- Yes No NA
- e. Coding and editing of survey data and survey-related materials.
- Yes No
- f. Scanning or keying survey data.
- Yes No NA
- g. Preparation of final de-identified person-level data files for submission.
- Yes No
- h. All other functions and processes that affect the administration of the CoreQ: SS DC survey.
- Yes No
2. Vendor agrees to the following documentation requirements:
- a. Keep electronic or hardcopy files of individuals trained and the respective training dates.
- Yes No
- b. Maintain electronic or hardcopy records of interviewers monitored (for telephone administration).
- Yes No
- c. Maintain electronic or hardcopy records of mailing dates.
- Yes No
- d. Maintain other documentation necessary to allow the CoreQ: SS DC Survey Coordination Team to review procedures implemented.
- Yes No
- e. Maintain documentation of actions required (and taken) because of any decisions made during site visits by the CoreQ: SS DC Survey Coordination Team.
- Yes No

- 3. Your organization agrees to adhere to specified procedures, attend survey training, and participate in quality assurance activities:
 - a. Vendor agrees to review and follow all procedures described in the CoreQ: SS DC Short Stay Discharge Survey Protocols and Guidelines Manual
 Yes No
 - b. Vendor must attend all CMS Introduction Training and Update training sessions. Failure to do so will jeopardize your standing as an approved vendor.
 Yes No
 - c. Vendor agrees to participate in any conference calls and site visits requested by the CoreQ: SS DC Survey Coordination Team as part of overall quality monitoring activities.
 Yes No
 - d. Vendor agrees to provide documentation as requested for site visits and conference calls, including but not limited to staff training records, census frame development documentation, and data file construction documentation.
 Yes No
- 4. Please explain any “No” responses above: [Click or tap here to enter text.](#)

III. KEY PROJECT STAFF

Please indicate the name of the Project Manager assigned to the CoreQ: SS DC Survey, if known: [Click or tap here to enter text.](#)

IV. LIST OF SUBCONTRACTORS

Check here if you are not going to use any subcontractors and then go to Section V.

LIST OF SUBCONTRACTORS (Add more lines if necessary or include as a separate attachment.)

Note: Vendors should promptly update the List of Subcontractors as subcontractors are added or deleted.

Subcontractor Name

- 1. [Click or tap here to enter text.](#)
- 2. [Click or tap here to enter text.](#)
- 3. [Click or tap here to enter text.](#)

Brief Description of Role

- 1. [Click or tap here to enter text.](#)
- 2. [Click or tap here to enter text.](#)

3. [Click or tap here to enter text.](#)

For each subcontractor listed above, provide information related to the subcontractor's experience relevant to the tasks it will be performing.

SUBCONTRACTOR #1

1. Name of Subcontractor #1: [Click or tap here to enter text.](#)
2. Number of Years Subcontractor #1 Has Been in Business: Years: [Choose an item.](#)
3. Please describe in detail the role and tasks Subcontractor #1 will be performing on the CoreQ: SS DC Survey: [Click or tap here to enter text.](#)

In Item 4 below, indicate what activities this subcontractor will be assisting with related to the Mail Survey.

4. Will this subcontractor assist with any mail survey activities?
 - a. Construct the census frame.
 Yes No
 - b. Obtain and verify addresses of residents to survey.
 Yes No
 - c. Print professional-quality survey instruments and materials.
 Yes No
 - d. Assign a unique identification number (ID) to each surveyed resident and match the ID to the status/outcome for each resident.
 Yes No
 - e. Assemble and mail survey materials.
 Yes No
 - f. Receive and process (key entry or scanning) completed surveys.
 Yes No
 - g. Track and identify nonrespondents for follow-up mailing.
 Yes No
 - h. Provide a toll-free customer support line respond to calls within 1 to 2 business days.
 Yes No
 - i. Provide an email address for survey respondents and respond to emails within 1 to 2 business day.
 Yes No

- j. Assign final status codes to describe the result of work on each case.

Yes No

For each “Yes” entered above, please list specific equipment and systems that this subcontractor will use to accomplish the task.

[Click or tap here to enter text.](#)

5. Will this subcontractor assist with any activities related to the telephone survey administration?

Yes No

For each Item 5a–5h, please check “Yes” or “No” to indicate whether this subcontractor will be conducting the activity on the CoreQ: SS DC Survey.

- a. Construct the census frame.

Yes No

- b. Obtain and verify telephone numbers of residents.

Yes No

- c. Develop computer programs for computer-assisted telephone interview instruments.

Yes No

- d. Collect data using computer-assisted telephone interviewing (CATI) or alternative electronic system.

Yes No

- e. Schedule call backs to nonrespondents at varying times of the day/week.

Yes No

- f. Assign a unique identification number (ID) to each resident and match IDs to the status/outcome for each resident.

Yes No

- g. Provide a toll-free customer support line and respond to calls from surveyed residents within 1 to 2 business days.

Yes No

- h. Provide an email address for respondents and respond to emails within 1 to 2 business day.

Yes No

- i. Assign final status codes to reflect the results of attempts to obtain completed interview with cases.

Yes No

For each “Yes” entered above, please list specific equipment and systems that this subcontractor will use to accomplish the task.

[Click or tap here to enter text.](#)

Subcontractor Quality Assurance

The subcontractor must have experience incorporating quality assurance in all data collection and data processing activities. In Items 5a–5d, indicate whether this subcontractor has well-documented quality control procedures for each activity. Enter “NA” if the subcontractor will not be involved in a specific task.

6. Does this subcontractor have well-documented quality control procedures (as applicable) for:
- a. In-house training of staff involved in survey operations?
 Yes No NA
 - b. Printing, mailing, and recording of receipt of surveys?
 Yes No NA
 - c. Telephone administration of survey?
 Yes No NA
 - d. Coding and editing of survey data and survey-related materials?
 Yes No NA
 - e. Scanning or keying survey data?
 Yes No NA

Please explain any “No” responses checked in Items 5a–5e: [Click or tap here to enter text.](#)

Subcontractor Facilities and Systems

7. Subcontractors must have the following systems and processes in place to ensure the security of the data throughout the contractor’s assigned activities. Enter NA if this subcontractor will not be involved in the activity.
- a. Has physical facilities for processing and storage of all data collection materials.
 Yes No NA
 - b. Has computers and computer software and any other equipment needed for survey implementation (e.g., scanners, printing, computer-assisted telephone interviewing [CATI] or alternative electronic system, data entry system).
 Yes No NA

- c. Has an electronic survey management system to track administered surveys throughout the data collection period.
- Yes No NA
- d. Has call center or telephone bank facilities for telephone survey implementation.
- Yes No NA
- e. Can offer and man a toll-free telephone number, including TTY, to receive and address calls from survey participants and respond within 1 to 2 business days, required for ALL modes.
- Yes No NA
- f. Can offer an email address to support survey participants and respond within 1 to 2 business days, required for ALL modes.
- Yes No NA
- g. Has a secure commercial work environment for receiving, processing, and storing hardcopy surveys from skilled nursing facilities that protects the confidentiality of respondent response data and personally identifying information (e.g., hardcopy documents must be stored in a locked file cabinet, room, or building).
- Yes No NA
- h. Has the systems in place to protect the confidentiality of electronic data received from skilled nursing facilities AND response data received from residents. Systems may include storing electronic files in password-protected locations, use of firewalls, use of strong password policies, use of data encryption software for sending private health information, and use of proper software for virus and spyware protection. This would also include limiting access to data only to personnel who require access and administrators.
- Yes No NA

Please explain any “No” responses in Items 7a–7h. [Click or tap here to enter text.](#)

SUBCONTRACTOR #2

1. Name of Subcontractor #2: [Click or tap here to enter text.](#)
2. Number of Years Subcontractor #2 Has Been in Business: Years: [Choose an item.](#)
3. Please describe in detail the role and tasks Subcontractor #2 will be performing on the CoreQ: SS DC Survey: [Click or tap here to enter text.](#)

In Item 4 below, indicate what activities this subcontractor will be assisting with related to the Mail Survey.

4. Will this subcontractor assist with any mail survey activities?
 - a. Construct the census frame.

Yes No

- b. Obtain and verify addresses of residents to survey.
 Yes No
- c. Print professional-quality survey instruments and materials.
 Yes No
- d. Assign a unique identification number (ID) to each surveyed resident and match the ID to the status/outcome for each resident.
 Yes No
- e. Assemble and mail survey materials.
 Yes No
- f. Receive and process (key entry or scanning) completed surveys.
 Yes No
- g. Track and identify nonrespondents for follow-up mailing.
 Yes No
- h. Provide a toll-free customer support line respond to calls within 1 to 2 business days.
 Yes No
- i. Provide an email address for survey respondents and respond to emails within 1 to 2 business day.
 Yes No
- j. Assign final status codes to describe the result of work on each case.
 Yes No

For each “Yes” entered above, please list specific equipment and systems that this subcontractor will use to accomplish the task.

[Click or tap here to enter text.](#)

5. Will this subcontractor assist with any activities related to the telephone survey administration?
 Yes No

For each Item 5a–5h, please check “Yes” or “No” to indicate whether this subcontractor will be conducting the activity on the CoreQ: SS DC Survey.

- a. Construct the census frame.
 Yes No
- b. Obtain and verify telephone numbers of residents.
 Yes No

- c. Develop computer programs for computer-assisted telephone interview instruments.
 Yes No
- d. Collect data using computer-assisted telephone interviewing (CATI) or alternative electronic system.
 Yes No
- e. Schedule call backs to nonrespondents at varying times of the day/week.
 Yes No
- f. Assign a unique identification number (ID) to each resident and match IDs to the status/outcome for each resident.
 Yes No
- g. Provide a toll-free customer support line and respond to calls from surveyed residents within 1 to 2 business days.
 Yes No
- h. Provide an email address for respondents and respond to emails within 1 to 2 business day.
 Yes No
- i. Assign final status codes to reflect the results of attempts to obtain completed interview with cases.
 Yes No

For each “Yes” entered above, please list specific equipment and systems that this subcontractor will use to accomplish the task.

[Click or tap here to enter text.](#)

Subcontractor Quality Assurance

The subcontractor must have experience incorporating quality assurance in all data collection and data processing activities. In Items 5a–5d, indicate whether this subcontractor has well-documented quality control procedures for each activity. Enter “NA” if the subcontractor will not be involved in a specific task.

6. Does this subcontractor have well-documented quality control procedures (as applicable) for:
- a. In-house training of staff involved in survey operations?
 Yes No NA
- b. Printing, mailing, and recording of receipt of surveys?
 Yes No NA

- c. Telephone administration of survey?
 Yes No NA
- d. Coding and editing of survey data and survey-related materials?
 Yes No NA
- e. Scanning or keying survey data?
 Yes No NA

Please explain any “No” responses checked in Items 5a–5e: [Click or tap here to enter text.](#)

Subcontractor Facilities and Systems

7. Subcontractors must have the following systems and processes in place to ensure the security of the data throughout the contractor’s assigned activities. Enter NA if this subcontractor will not be involved in the activity.
- a. Has physical facilities for processing and storage of all data collection materials.
 Yes No NA
- b. Has computers and computer software and any other equipment needed for survey implementation (e.g., scanners, printing, computer-assisted telephone interviewing [CATI] or alternative electronic system, data entry system).
 Yes No NA
- c. Has an electronic survey management system to track administered surveys throughout the data collection period.
 Yes No NA
- d. Has call center or telephone bank facilities for telephone survey implementation.
 Yes No NA
- e. Can offer and man a toll-free telephone number, including TTY, to receive and address calls from survey participants and respond within 1 to 2 business days, required for ALL modes.
 Yes No NA
- f. Can offer an email address to support survey participants and respond within 1 to 2 business days, required for ALL modes.
 Yes No NA
- g. Has a secure commercial work environment for receiving, processing, and storing hardcopy surveys from skilled nursing facilities that protects the confidentiality of respondent response data and personally identifying information (e.g., hardcopy documents must be stored in a locked file cabinet, room, or building).
 Yes No NA

- h. Has the systems in place to protect the confidentiality of electronic data received from skilled nursing facilities AND response data received from residents. Systems may include storing electronic files in password-protected locations, use of firewalls, use of strong password policies, use of data encryption software for sending private health information, and use of proper software for virus and spyware protection. This would also include limiting access to data only to personnel who require access and administrators.
- Yes No NA

Please explain any “No” responses in Items 7a–7h. [Click or tap here to enter text.](#)

SUBCONTRACTOR #3

1. Name of Subcontractor #3: [Click or tap here to enter text.](#)
2. Number of Years Subcontractor #3 Has Been in Business: Years: [Choose an item.](#)
3. Please describe in detail the role and tasks Subcontractor #3 will be performing on the CoreQ: SS DC Survey: [Click or tap here to enter text.](#)

In Item 4 below, indicate what activities this subcontractor will be assisting with related to the Mail Survey.

4. Will this subcontractor assist with any mail survey activities?
 - a. Construct the census frame.
 Yes No
 - b. Obtain and verify addresses of residents to survey.
 Yes No
 - c. Print professional-quality survey instruments and materials.
 Yes No
 - d. Assign a unique identification number (ID) to each surveyed resident and match the ID to the status/outcome for each resident.
 Yes No
 - e. Assemble and mail survey materials.
 Yes No
 - f. Receive and process (key entry or scanning) completed surveys.
 Yes No
 - g. Track and identify nonrespondents for follow-up mailing.
 Yes No

- h. Provide a toll-free customer support line respond to calls within 1 to 2 business days.
 Yes No
- i. Provide an email address for survey respondents and respond to emails within 1 to 2 business day.
 Yes No
- j. Assign final status codes to describe the result of work on each case.
 Yes No

For each “Yes” entered above, please list specific equipment and systems that this subcontractor will use to accomplish the task.

[Click or tap here to enter text.](#)

5. Will this subcontractor assist with any activities related to the telephone survey administration?
 Yes No

For each Item 5a–5h, please check “Yes” or “No” to indicate whether this subcontractor will be conducting the activity on the CoreQ: SS DC Survey.

- a. Construct the census frame.
 Yes No
- b. Obtain and verify telephone numbers of residents.
 Yes No
- c. Develop computer programs for computer-assisted telephone interview instruments.
 Yes No
- d. Collect data using computer-assisted telephone interviewing (CATI) or alternative electronic system.
 Yes No
- e. Schedule call backs to nonrespondents at varying times of the day/week.
 Yes No
- f. Assign a unique identification number (ID) to each resident and match IDs to the status/outcome for each resident.
 Yes No
- g. Provide a toll-free customer support line and respond to calls from surveyed residents within 1 to 2 business days.
 Yes No

- h. Provide an email address for respondents and respond to emails within 1 to 2 business day.
 Yes No
- i. Assign final status codes to reflect the results of attempts to obtain completed interview with cases.
 Yes No

For each “Yes” entered above, please list specific equipment and systems that this subcontractor will use to accomplish the task.

[Click or tap here to enter text.](#)

Subcontractor Quality Assurance

The subcontractor must have experience incorporating quality assurance in all data collection and data processing activities. In Items 5a–5d, indicate whether this subcontractor has well-documented quality control procedures for each activity. Enter “NA” if the subcontractor will not be involved in a specific task.

6. Does this subcontractor have well-documented quality control procedures (as applicable) for:
- a. In-house training of staff involved in survey operations?
 Yes No NA
- b. Printing, mailing, and recording of receipt of surveys?
 Yes No NA
- c. Telephone administration of survey?
 Yes No NA
- d. Coding and editing of survey data and survey-related materials?
 Yes No NA
- e. Scanning or keying survey data?
 Yes No NA

Please explain any “No” responses checked in Items 5a–5e: [Click or tap here to enter text.](#)

Subcontractor Facilities and Systems

7. Subcontractors must have the following systems and processes in place to ensure the security of the data throughout the contractor’s assigned activities. Enter NA if this subcontractor will not be involved in the activity.
- a. Has physical facilities for processing and storage of all data collection materials.
 Yes No NA

- b. Has computers and computer software and any other equipment needed for survey implementation (e.g., scanners, printing, computer-assisted telephone interviewing [CATI] or alternative electronic system, data entry system).
- Yes No NA
- c. Has an electronic survey management system to track administered surveys throughout the data collection period.
- Yes No NA
- d. Has call center or telephone bank facilities for telephone survey implementation.
- Yes No NA
- e. Can offer and man a toll-free telephone number, including TTY, to receive and address calls from survey participants and respond within 1 to 2 business days, required for ALL modes.
- Yes No NA
- f. Can offer an email address to support survey participants and respond within 1 to 2 business days, required for ALL modes.
- Yes No NA
- g. Has a secure commercial work environment for receiving, processing, and storing hardcopy surveys from skilled nursing facilities that protects the confidentiality of respondent response data and personally identifying information (e.g., hardcopy documents must be stored in a locked file cabinet, room, or building).
- Yes No NA
- h. Has the systems in place to protect the confidentiality of electronic data received from skilled nursing facilities AND response data received from residents. Systems may include storing electronic files in password-protected locations, use of firewalls, use of strong password policies, use of data encryption software for sending private health information, and use of proper software for virus and spyware protection. This would also include limiting access to data only to personnel who require access and administrators.
- Yes No NA

Please explain any “No” responses in Items 7a–7h. [Click or tap here to enter text.](#)

V. CONTRACTED SKILLED NURSING FACILITIES

Check here if you are not currently under contract with any skilled nursing facilities and then go to Section VI.

LIST OF CONTRACTED SKILLED NURSING FACILITIES

Please enter the information requested below or attach a list with the same information requested.

Vendor should submit an Update to this form whenever skilled nursing facilities are added or removed from the list of active contracts.

1. **Skilled Nursing Name:** [Click or tap here to enter text.](#)

State: [Choose an item.](#)

CMS Certification Number: [Click or tap here to enter text.](#)

SNF Contact Name: [Click or tap here to enter text.](#)

Telephone Number: [Click or tap here to enter text.](#)

Email Address: [Click or tap here to enter text.](#)

2. **Skilled Nursing Name:** [Click or tap here to enter text.](#)

State: [Choose an item.](#)

CMS Certification Number: [Click or tap here to enter text.](#)

SNF Contact Name: [Click or tap here to enter text.](#)

Telephone Number: [Click or tap here to enter text.](#)

Email Address: [Click or tap here to enter text.](#)

3. **Skilled Nursing Name:** [Click or tap here to enter text.](#)

State: [Choose an item.](#)

CMS Certification Number: [Click or tap here to enter text.](#)

SNF Contact Name: [Click or tap here to enter text.](#)

Telephone Number: [Click or tap here to enter text.](#)

Email Address: [Click or tap here to enter text.](#)

4. **Skilled Nursing Name:** [Click or tap here to enter text.](#)

State: [Choose an item.](#)

CMS Certification Number: [Click or tap here to enter text.](#)

SNF Contact Name: [Click or tap here to enter text.](#)

Telephone Number: [Click or tap here to enter text.](#)

Email Address: [Click or tap here to enter text.](#)

5. **Skilled Nursing Name:** [Click or tap here to enter text.](#)

State: [Choose an item.](#)

CMS Certification Number: [Click or tap here to enter text.](#)

SNF Contact Name: [Click or tap here to enter text.](#)

Telephone Number: [Click or tap here to enter text.](#)

Email Address: [Click or tap here to enter text.](#)

VI. PARTICIPATION REQUIREMENTS

All vendors who wish to become approved vendors for the CoreQ: SS DC Survey must follow these requirements:

1. Participate in the Introduction to the CoreQ: SS DC Survey Training and any additional trainings. The vendor's Project Manager, Mail Supervisor, Call Center Supervisor, and Programmer must attend the training.
2. Review and Follow the CoreQ: SS DC Survey Protocols and Guidelines Manual and the Data Submission Manual.
3. Develop and Submit a Quality Assurance Plan (QAP), following guidelines described in the CoreQ: SS DC Survey Protocols and Guidelines Manual. Vendors must update the plan as information contained within it changes.
4. Participate and cooperate in all oversight activities conducted by the CoreQ: SS DC Survey Coordination Team, including but not limited to conference calls and site visits, as needed.

VII. Future Research

Periodically, CMS may conduct research on such items including mode of conducting surveys, new or edited survey questions, languages supported, etc. As a result of this need, we are seeking whether vendors have an interest in participating in any of these research endeavors. If you are, please indicate your interest below:

a. Mode testing

Telephone (live interviewers)

Yes No

Telephone (Interactive Voice Recording)

Yes No

Web Survey

Yes No

Mixed Mode

Yes No

b. Language

Yes No

If you answered "yes", please specify the language: [Click or tap here to enter text.](#)

VIII. APPLICANT ORGANIZATION ACCEPTANCE

I certify that:

- I have reviewed and agree to meet the Participation Rules for the CoreQ: SS DC Survey.
- The statements herein are true, complete, and accurate to the best of my knowledge, and I accept the obligation to comply with the CoreQ: SS DC Vendor Requirements.

AUTHORIZED REPRESENTATIVE

Name: [Click or tap here to enter text.](#)

Title: [Click or tap here to enter text.](#)

Organization: [Click or tap here to enter text.](#)

Date: [Click or tap to enter a date.](#)

IX. DESIGNATING A SURVEY ADMINISTRATOR

All vendors must designate a Survey Administrator who will receive the credentials to access the private side of the CoreQ: SS DC Survey website. The Administrator will be responsible for the following:

1. Designating another individual within the organization as “Backup Administrator”.
2. Completing or approving each staff member who will have access to the CoreQ: SS DC Survey website as a non-administrator user.
3. Granting individual non-administrator users’ access to specific functions on the CoreQ: SS DC Survey website.
4. Updating non-administrator user information on the CoreQ: SS DC Survey website based on staff changes/assignments.
5. Removing access or approving the removal of access for users who are no longer authorized to access the private side of the CoreQ: SS DC Survey website.
6. Serving as the main point of contact with the CoreQ: SS DC Survey Data Center.
7. Notifying the CoreQ: SS DC Survey Coordination Team if his or her role as the CoreQ: SS DC Survey Administrator will no longer be valid and identifying his or her successor.
8. Maintaining the confidentiality of all data that are submitted to the CoreQ: SS DC Survey Data Center.

In the space below, please indicate the name, title, phone number, and e-mail address of the person who will be the CoreQ: SS DC Survey Administrator for your organization. (The e-mail address will be used as the login credentials for the survey administrator, so it is very important to enter it accurately.)

CoreQ: SS DC SURVEY ADMINISTRATOR

Name: [Click or tap here to enter text.](#)

Title: [Click or tap here to enter text.](#)

Phone: [Click or tap here to enter text.](#)

Email: [Click or tap here to enter text.](#)

To submit this form online, visit the CoreQ: SS DC Survey website at TBD.

APPENDIX B: SAMPLE FILE LAYOUT—COREQ: SS DC
QUESTIONNAIRE

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**EXAMPLE OF A SAMPLE FILE LAYOUT
COREQ: SS DC SURVEY**

The following table is an example of a census file layout. The census frame file is for the vendor's internal use only; vendors may use this example as a guide for developing census frame files for the CoreQ: SS DC Survey.

Some of the data elements shown in the example below are provided by the SNF; others are created by the vendor. Note that the census frame file should include all of the data elements needed for data submission. However, data submitted to the CoreQ: SS DC Survey Data Center will be de-identified—that is, the data will not contain any information that can identify a patient. **Data elements in the census file layout shown below that will not be included on the data file submitted to the CoreQ: SS DC Survey Data Center are bolded and *italicized*.**

Data Element	Length	Value Labels and Use	Required for Data Submission
Provider Name	200	Name of Skilled Nursing Facility	Yes
Provider ID	6	CMS Certification Number (CCN, formerly known as the Medicare Provider ID Number)	Yes
NPI	10	National Provider ID Number	Optional
Number of Facilities Contained in the Report	5	A self-reported count of the SNF Facilities for which the vendor is reporting CoreQ: SS DC results within a single file upload/submission.	Yes
Number of Surveys Contained in the Report	6	A self-reported count of the CoreQ: SS DC Survey results included as a separate record within a single file upload/submission.	Yes
Eligible residents	6	Number of residents eligible for survey in the reporting week	Yes
ID No.	16	Vendors will assign a unique de-identified identification number (ID) to each resident. The ID number will be used to track the survey status of the resident throughout the survey administration process and to designate eligible residents on the data file submitted to the Data Center.	Yes
Time to Survey Initiation Following Discharge	2	## (range 0 to 14)	Yes
Resident date of Admission	2	Range 1 to 52	Yes
Resident data of Discharge	4	YYYY	Yes
<i>Resident First Name</i>	<i>30</i>	<i>The name of the resident is needed to generate and send personalized mail survey materials to respondents.</i>	<i>No</i>
<i>Resident Middle Initial</i>	<i>1</i>	<i>The name of the resident is needed to generate and send personalized mail survey materials to respondents. (If available)</i>	<i>No</i>
<i>Resident Last Name</i>	<i>30</i>	<i>The name of the resident is needed to generate and send personalized mail survey materials to respondents.</i>	<i>No</i>

<i>Resident Date of Birth</i>	8	<i>MMDDYYYY</i> <i>Used by vendor to calculate resident age prior to submitting data to the CoreQ: SS DC Survey Data Center.</i>	<i>No</i>
<i>Resident Mailing Address 1</i>	100	<i>Resident's street or post office box number</i>	<i>No</i>
<i>Resident Mailing Address 2</i>	50	<i>Second line of resident address (if needed)</i>	<i>No</i>
<i>Resident Address City</i>	100	<i>Mailing address city</i>	<i>No</i>
<i>Resident Address State</i>	2	<i>Mailing address state. Use 2-character postal abbreviation</i>	<i>No</i>
<i>Resident Address Zip Code</i>	9	<i>9-digit Mailing Address Zip Code (5-digit zip code followed by 4-digit extension (if available); no hyphens, separators, or delimiters)</i>	<i>No</i>
<i>Telephone Number including area code</i>	10	<i>Resident's home telephone number. Include 3-digit area code and 7-digit number: no dashes or spaces, separators, or delimiters.</i>	<i>No</i>
<i>Resident email address</i>	50	<i>Resident email address</i>	<i>No</i>
Survey Mail Date	8	MMDDYYY	Yes
Survey Completion Date	8	MMDDYYY	Yes
Gender	1	0 = Unknown/Missing 1 = Male 2 = Female	Yes
Payer (e.g., Medicare, Medicaid, private insurance)	5	Source(s) of payment for Skilled Nursing Facility Care. Mark all that apply 0 = Unknown/Missing 1 = Medicare 2 = Medicaid 3 = Private health insurance 4 = Other	Yes
HMO Indicator	1	0 = Unknown/Missing 1 = Yes 2 = No	Yes
Dual eligibility indicator	1	0 = Unknown/Missing 1 = Yes 2 = No 3 = Not applicable	Yes

End stage renal disease (ESRD)	1	0 = Unknown/Missing 1 = Yes 2 = No	Yes
Brief Interview Mental Status	2	Range 1 to 15; 99 if resident is unable to complete	Yes
Left against medical advice	1	0=unknown 1=yes 2=no	Yes
Court Appointed Guardian	1	0=unknown 1=yes 2=no	Yes
Discharge status	2	00=Unknown 01=Home/Community 02=Nursing home (long-term care facility) 03=Skilled Nursing Facility (SNF, swing beds) 04=Short term general hospital (acute hospital, IPPS) 05=Long-term care hospital (LTCH) 06=Inpatient rehabilitation facility (IRF, free standing facility or unit) 07=Inpatient psychiatric facility (psychiatric hospital or unit) 08=Intermediate care facility (ID/DD facility) 09=Hospice (home/non-institutional) 10=Hospice (institutional facility) 11=Critical access hospital (CAH) 12=Home under care of organized home health service organization 13=Deceased 99=not listed	Yes
Are you of Hispanic, Latino/a, or Spanish origin?	5	Check all that apply: A. No, not of Hispanic, Latino/a, or Spanish origin B. Yes, Mexican, Mexican American, Chicano/a C. Yes. Puerto Rican D. Yes, Cuban E. Yes, another Hispanic, Latino, or Spanish origin X. Resident unable to respond Y. Resident declines to respond	Yes

What is your race?	10	Check all that apply: A. White B. Black or African American C. American Indian or Alaska Native D. Asian Indian E. Chinese F. Filipino G. Japanese K. Korean I. Vietnamese J. Other Asian K. Native Hawaiian L. Guamanian or Chamorro M. Samoan N. Other Pacific Islander X. Resident unable to respond Z. None of the above	Yes
What is your preferred language?	50		Optional
Age	2	1=18-24 2=25-29 3=30-34 4=35-39 5=40-44 6=45-49 7=50-54 8=55-59 9=60-64 10=65-69 11=70-74 12=75-79 13=80-84 14=85-89 15=90 or older M=Unknown/Missing	Yes
CoreQ: SS DC Survey Modality	1	0=unknown 1=mail 2=telephone	Yes

CoreQ: SS DC Q1 - In recommending this facility to your friends and family, how would you rate it overall?	1	0=missing 1=poor 2=average 3=good 4=very good 5=excellent	Yes
CoreQ: SS DC Q2 - Overall, how would you rate the staff?	1	0=missing 1=poor 2=average 3=good 4=very good 5=excellent	Yes
CoreQ: SS DC Q3 - How would you rate the care you received?	1	0=missing 1=poor 2=average 3=good 4=very good 5=excellent	Yes
CoreQ: SS DC Q4 - How would you rate how well your discharge needs were met?	1	1=poor 2=average 3=good 4=very good 5=excellent	Yes
CoreQ: SS DC Q5 - Did someone help you complete this survey?	1	1 = Yes 2 = No	Yes
CoreQ: SS DC Q6 - How did the person help you? (Mark one or more)	200	0=not applicable 1= Read the question 2=Wrote down the answer I gave 3=Answered the questions for me 4= Translated the questions into my language 5=Helped in some other way (please print)	Yes
CoreQ: SS DC Questionnaire Language	1	1=English	Yes

**APPENDIX C: ENGLISH MAIL SURVEY COVER LETTERS, REGULAR &
SCANNABLE QUESTIONNAIRES**

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SAMPLE COVER LETTER FOR FIRST QUESTIONNAIRE MAILING

To be Printed on Skilled Nursing Facility or Vendor Letterhead

«FirstName» «LastName»

«MailDate»

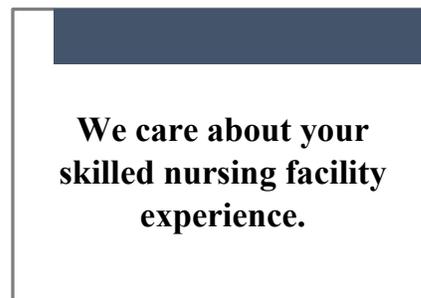
«Address1» «Address2»

«City_Name», «State_Code» «Zip_Zip4»

Dear «FirstName» «LastName»:

This is an important questionnaire from Medicare for people who had services in a skilled nursing facility. **Please take a few minutes to share your experiences with «SNF» and return the questionnaire in the enclosed postage-paid envelope.** Your feedback helps Medicare improve the overall quality of skilled nursing facilities, and helps others choose a skilled nursing facility.

Your voice matters. We want your answers to reflect your own views and not anyone from the agency named above. If you need help with the questionnaire, please ask a family member or a friend.



Participation is voluntary, and your information is kept private by law. No one can connect your name to your answers.

If you have any questions about this questionnaire, please call VENDOR NAME, (toll-free) at 1-XXX-XXX-XXXX.

Thank you for helping to improve the care in skilled nursing facilities.

Sincerely,

Name

Skilled Nursing Facility Administrator

[PRINT ID HERE]

**SAMPLE COVER LETTER FOR SECOND QUESTIONNAIRE MAILING TO MAIL
NONRESPONDENTS**

To be Printed on Skilled Nursing Facility or Vendor Letterhead

«FirstName» «LastName»

«MailDate»

«Address1» «Address2»

«City_Name», «State_Code» «Zip_Zip4»

Dear «FirstName» «LastName»:

You recently got a questionnaire from Medicare about your experiences with «SNF». **If you already sent this questionnaire back, thank you! You don't need to do anything else.**

This is a friendly reminder that we're very interested in learning about your experiences. Your feedback will help others choose a skilled nursing facility and will help Medicare improve the overall quality of care in skilled nursing facilities.

Please take a few minutes to complete and return the questionnaire in the postage-paid envelope included.

Your voice matters. We know your time is valuable. Participation is voluntary, and your information is kept private by law. No one can connect your name to your answers.

For questions about this questionnaire, please call VENDOR NAME, (toll-free) at 1-XXX-XXX-XXXX.

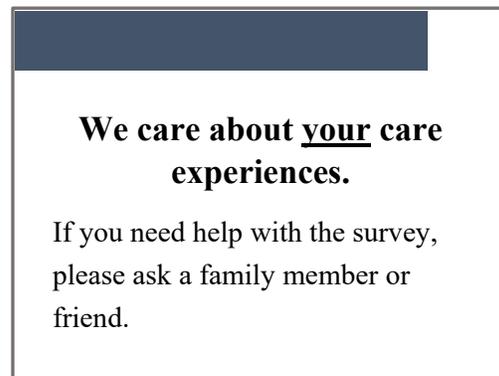
Thank you for helping to improve care in skilled nursing facilities.

Sincerely,

Name

Skilled Nursing Facility Administrator

[PRINT ID HERE]



SAMPLE COVER LETTER FOR FIRST QUESTIONNAIRE MAILING COREQ: SS DC QUESTIONNAIRE WHEN COMBINED WITH OTHER SNF RELATED SURVEYS

To be Printed on Skilled Nursing Facility or Vendor Letterhead

«FirstName» «LastName» «MailDate»
«Address1» «Address2»
«City_Name», «State_Code» «Zip_Zip4»

Dear «FirstName» «LastName»:

The CoreQ: SS DC Survey is an important questionnaire from Medicare for people who had services in a skilled nursing facility. **The CoreQ: SS DC questionnaire is part of a larger survey, but please take a few minutes to share your experiences with «SNF» and return the CoreQ: SS DC questionnaire in the enclosed postage-paid envelope.** Your feedback helps Medicare improve the overall quality of skilled nursing facilities, and helps others choose a skilled nursing facility.

Your voice matters. We want your answers to reflect your own views and not anyone from the agency named above. If you need help with the questionnaire, please ask a family member or a friend.

Participation is voluntary, and your information is kept private by law. No one can connect your name to your answers.



If you have any questions about this questionnaire, please call VENDOR NAME, (toll-free) at 1-XXX-XXX-XXXX.

Thank you for helping to improve the care in skilled nursing facilities.

Sincerely,

Name
Skilled Nursing Facility Administrator

[PRINT ID HERE]

OMB #: 0938-TBD
Expires: TBD

CoreQ: SS DC Short Stay Discharge Questionnaire

2023

Questionnaire Instructions: Answer all the questions by checking the box to the left of your answer.

1. In recommending this facility to your friends and family, how would you rate it overall?

1 Poor

2 Average

3 Good

4 Very Good

5 Excellent

2. Overall, how would you rate the staff?

1 Poor

2 Average

3 Good

4 Very Good

5 Excellent

3. How would you rate the care you received?

1 Poor

2 Average

3 Good

4 Very Good

5 Excellent

4. How would you rate how well your discharge needs were met?

1 Poor

2 Average

3 Good

4 Very Good

5 Excellent

5. Did someone help you complete the survey?

1 Yes

2 No

6. How did that person help you (check all that apply)?

1 Read the questions to me

2 Wrote down the answers I gave

3 Answered the questions for me

4 Translated the questions into my language

5 Helped in some other way (please print)

Thank you!

**Please return the completed questionnaire
in the postage-paid envelope.**

OMB #: 0938-TBD
Expires : TBD

CoreQ: SS DC Questionnaire (Alternative Instructions, Scannable Forms)

2023

Questionnaire Instructions: Answer all the questions by filling in the circle to the left of your answer.

1. In recommending this facility to your friends and family, how would you rate it overall?

- Poor
- Average
- Good
- Very Good
- Excellent

2. Overall, how would you rate the staff?

- Poor
- Average
- Good
- Very Good
- Excellent

3. How would you rate the care you received?

- Poor
- Average
- Good
- Very Good
- Excellent

4. How would you rate how well your discharge needs were met?

Poor

Average

Good

Very Good

Excellent

5. Did someone help you complete the survey?

Yes

No

6. How did that person help you (check all that apply)?

Read the questions to me

Wrote down the answers I gave

Answered the questions for me

Translated the questions into my language

Helped in some other way (please print)

Thank you!

**Please return the completed questionnaire
in the postage-paid envelope.**

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APPENDIX D: ENGLISH TELEPHONE SCRIPT

**TELEPHONE INTERVIEW SCRIPT
FOR THE COREQ: SS DC SURVEY**

INTRO1 Hello, may I please speak to [RESIDENT'S NAME]?

- 1 YES → [GO TO INTRO2]
- 2 NO, NOT AVAILABLE RIGHT NOW → [SET CALLBACK]
- 3 NO [REFUSAL] → [GO TO TERMINATE SCREEN]
- 4 PHYSICALLY INCAPABLE → [GO TO INTERMEDIARY SCRIPT]

M MISSING/DK

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from [ORGANIZATION]. I'd like to speak to [RESIDENT'S NAME] about a study about health care.

INTRO2 Hello, this is [INTERVIEWER NAME] calling on behalf of [SKILLED NURSING FACILITY]. [SKILLED NURSING FACILITY] is participating in a questionnaire about the care people receive while they are in a skilled nursing facility for 100 days or less. This questionnaire is part of a national effort to measure the satisfaction with care at skilled nursing facilities. The questionnaire results will be used by people when choosing a skilled nursing facility.

Your input in this questionnaire is totally voluntary and will not affect your health care or any benefits you receive. The interview will take about 4 minutes to complete. This call may be monitored or recorded for quality improvement purposes.

NOTE: THE LENGTH OF THE INTERVIEW WILL DEPEND ON WHETHER THE SNF ADDS SUPPLEMENTAL QUESTIONS TO ITS COREQ: SS DC QUESTIONNAIRE.

INTRO3 INTRO3 AND INTRO4 USED ONLY IF CALLING RESPONDENT BACK TO COMPLETE A QUESTIONNAIRE THAT WAS BEGUN IN A PREVIOUS CALL. NOTE THAT THE RESPONDENT MUST HAVE ANSWERED AT LEAST ONE QUESTION IN THE SURVEY IN A PRIOR CALL.

Hello, may I please speak to [SURVEY RESPONDENT'S NAME]?

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from [VENDOR]. I'd like to speak to [SURVEY RESPONDENT'S NAME] about a study about health care.

1. YES, SURVEY RESPONDENT IS AVAILABLE AND ON PHONE NOW
→ [GO TO INTRO4]
2. NO, NOT AVAILABLE RIGHT NOW → [SET CALLBACK]
3. NO [REFUSAL] → [GO TO Q_REF SCREEN]
4. PHYSICALLY INCAPABLE → [GO TO INTERMEDIARY SCRIPT]

INTRO4 Hello, I am calling to continue the survey that we started in a previous call, regarding the care that you received from [SKILLED NURSING FACILITY]. I'd like to continue with the interview now if that is alright with you.

1. CONTINUE WITH INTERVIEW AT FIRST UNANSWERED QUESTION
2. NO, NOT RIGHT NOW → [SET CALLBACK]
3. NO [REFUSAL] → [GO TO Q_REF SCREEN]

Q1. According to our records, you got care from the skilled nursing facility, [SKILLED NURSING FACILITY]. Is that right?

1. YES → [GO TO Q2_INTRO]
2. NO → [GO TO Q_INELIG]

M MISSING/DK → [GO TO Q_INELIG]

Q2_INTRO As you answer the questions in this survey, think only about your experience with this facility.

Q1. In recommending this facility to your friends and family, how would you rate it overall?

1. POOR
2. AVERAGE
3. GOOD
4. VERY GOOD
5. EXCELLENT

M MISSING/DK

Q2. Overall, how would you rate the staff?

1. POOR
2. AVERAGE
3. GOOD
4. VERY GOOD
5. EXCELLENT

M MISSING/DK

Q3. How would you rate the care you received?

1. POOR
2. AVERAGE
3. GOOD
4. VERY GOOD
5. EXCELLENT

M MISSING/DK

Q4. How would you rate how well your discharge needs were met?

1. POOR
2. AVERAGE
3. GOOD
4. VERY GOOD
5. EXCELLENT

M MISSING/DK

Q_END These are all the questions I have for you. Thank you for your time. Have a good (day/evening).

INELIGIBLE SCREEN:

Q_INELIG Thank you for your time. Have a good (day/evening).

REFUSAL SCREEN:

Q_REF Thank you for your time. Have a good (day/evening).

**INTERMEDIARY TELEPHONE INTERVIEW SCRIPT
FOR THE COREQ: SS DC SURVEY**

INTER ID Is there somebody such as a family member or friend who is familiar with [RESPONDENT'S NAME]'s health care experiences?

PROBE TO FIND OUT IF PERSON IS AVAILABLE IN HOUSEHOLD TO DO INTERVIEW.

1. YES → [GO TO INTER_INTRO]
2. NO → [COLLECT NAME AND TELEPHONE NUMBER OF INTERMEDIARY AND SET A CALLBACK, OR IF NO INTERMEDIARY EXISTS, GO TO Q_END AND CODE AS MENTALLY/PHYSICALLY INCAPABLE]

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from [ORGANIZATION]. I'd like to speak with someone who is knowledgeable about [SURVEY RESPONDENT]'s health and health care experiences for a study [ORGANIZATION] is conducting about health care.

INTER_INTRO [Hello, this is {INTERVIEWER NAME} calling on behalf of {SKILLED NURSING FACILITY}]. [SKILLED NURSING FACILITY] is participating in a survey about the care people receive from their skilled nursing facility. This survey is part of a national effort to measure residents' satisfaction with the care they receive from skilled nursing facilities. The survey results will be used by people when choosing a skilled nursing facility.

[RESPONDENT NAME]'s participation in this survey is completely voluntary and will not affect [his/her] health care or any benefits [he/she] receives. The interview will take about 4 minutes to complete. This call may be monitored or recorded for quality improvement purposes.

NOTE: THE LENGTH OF THE INTERVIEW WILL DEPEND ON WHETHER THE SNF ADDS SUPPLEMENTAL QUESTIONS TO ITS COREQ: SS DC SURVEY.

INTRO3 INTRO3 AND INTRO4 USED ONLY IF CALLING INTERMEDIARY BACK TO COMPLETE A SURVEY THAT WAS BEGUN IN A PREVIOUS CALL. NOTE THAT THE INTERMEDIARY MUST HAVE ANSWERED AT LEAST ONE QUESTION IN THE SURVEY IN A PRECEDING CALL.

Hello, may I please speak to [INTERMEDIARY NAME]?

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from [VENDOR]. I'd like to speak to [INTERMEDIARY NAME] about a study about health care.

1. YES, INTERMEDIARY IS AVAILABLE AND ON PHONE NOW → [GO TO INTRO4]
2. NO, NOT AVAILABLE RIGHT NOW → [SET CALLBACK]
3. NO [REFUSAL] → [GO TO Q_REF SCREEN]

INTRO4 Hello, I am calling to continue the survey that we started in a previous call, regarding the care that [RESPONDENT] received from [SKILLED NURSING FACILITY]. I'd like to continue with the interview now.

1. CONTINUE WITH INTERVIEW AT FIRST UNANSWERED QUESTION
2. NO, NOT RIGHT NOW → [SET CALLBACK]
3. NO [REFUSAL] → [GO TO Q_REF SCREEN]

Q0. According to our records, [RESPONDENT'S NAME] got care from the skilled nursing facility, [SKILLED NURSING FACILITY]. Is that right?

1. YES → [GO TO Q1_INTRO]
2. NO → [GO TO Q_INELIG]

M MISSING/DK → [GO TO Q_INELIG]

Q1_INTRO As you help the respondent answer the questions in this survey, please allow the [RESPONDENT'S NAME] to answer the questions. Do not answer the questions for [RESPONDENT'S NAME].

Q1. In recommending this facility to your friends and family, how would you rate it overall?

1. POOR
2. AVERAGE
3. GOOD
4. VERY GOOD
5. EXCELLENT

M MISSING/DK

Q2. Overall, how would you rate the staff?

1. POOR
2. AVERAGE
3. GOOD
4. VERY GOOD
5. EXCELLENT

M MISSING/DK

Q3. How would you rate the care you received?

1. POOR
2. AVERAGE
3. GOOD
4. VERY GOOD
5. EXCELLENT

M MISSING/DK

Q4. How would you rate how well your discharge needs were met?

1. POOR
2. AVERAGE
3. GOOD
4. VERY GOOD
5. EXCELLENT

M MISSING/DK

Q_END These are all the questions I have for you. Thank you for your time. Have a good (day/evening).

INELIGIBLE SCREEN:

Q_INELIG Thank you for your time. Have a good (day/evening).

REFUSAL SCREEN:

Q_REF Thank you for your time. Have a good (day/evening).

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APPENDIX E: OMB PRA LANGUAGE
IN ENGLISH

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OMB PRA Act Disclosure Statement

The OMB PRA language below must be included in the CoreQ: SS DC Questionnaire mailings. It can be included in the cover letter or on the front or back of the questionnaire. It does not need to be included in both the cover letter and the questionnaire.

ENGLISH

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-TBD. The expiration date for OMB control number 0938-TBD is TBD. This is a voluntary collection. The time required to complete the CoreQ: SS DC Questionnaire information collection is estimated to average 1 minute per response (total is 6 minutes for mail and total is 4 minutes for telephone), including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

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**APPENDIX F: XML DATA FILE LAYOUT FOR STANDARD HEADER
RECORD**

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**XML DATA FILE LAYOUT
COREQ: SS DC SURVEY
STANDARD HEADER RECORD**

The following section defines the format of the header record.

Note: *Data element names do not contain any spaces, underscores, or capital letters. Each element must have a closing tag that is the same as the opening tag but with a forward slash.*

STANDARD HEADER RECORD					
XML Element	Description	Valid Values	Data Type	Field Size	Data Element Required
Type of Header Record <header-type> This header element should only occur once per file. Example: <header-type>1</header-type>	Type of Header Record	1 = Standard Header Record	Numeric	1	Yes

STANDARD HEADER RECORD					
XML Element	Description	Valid Values	Data Type	Field Size	Data Element Required
<p>Vendor ID <vendor-id> This header element should only occur once per file. Example: <vendor-id>12345678<vendor-id></p>	<p>Assigned by CoreQ: SS DC Survey Coordination Team upon approval.</p>	<p>0-99999999</p>	<p>Alphanumeric</p>	<p>8</p>	<p>Yes</p>
<p>Number of Facilities Contained in the File <number-facilities> This header element should only occur once per file. Example:<number-facilities>12<number-facilities></p>	<p>A self-reported count of the SNF Facilities for which the CoreQ: SS DC vendor is reporting CoreQ: SS DC results within a single file upload/submission.</p>	<p>0-15,000</p>	<p>Alphanumeric</p>	<p>8</p>	<p>Yes</p>

STANDARD HEADER RECORD					
XML Element	Description	Valid Values	Data Type	Field Size	Data Element Required
<p>Number of Surveys Contained in the File <number-surveys> This header element should only occur once per file. Example:<number-surveys>150<number-surveys></p>	<p>A self-reported count of the CoreQ: SS DC Survey results included as a separate record within a single file upload/submission.</p>	<p>0-999,999</p>	<p>Alphanumeric character</p>	<p>200</p>	<p>Yes</p>
<p>Provider Name <provider-name> This header element should only occur once per file. Example: <provider-name>Skilled Nursing Facility </provider-name></p>	<p>Name of Skilled Nursing Facility</p>		<p>Alphanumeric character</p>	<p>200</p>	<p>Yes</p>
<p>Provider ID <provider-id> This header element should only occur once per file. Example: <provider-id>123456 </provider-id></p>	<p>CMS Certification Number (CCN, formerly known as the Medicare Provider ID Number)</p>	<p>No Dashes or spaces Valid 6-digit CMS Certification Number</p>	<p>Alphanumeric character</p>	<p>6</p>	<p>Yes</p>
<p>NPI <npi> This header element should only occur once per file. This is an optional data element at this time but may be required in the future. Example: <npi>1234567890</npi></p>	<p>National Provider ID Number</p>	<p>No Dashes or spaces Valid 10-digit National Provider Identifier</p>	<p>Alphanumeric character</p>	<p>10</p>	<p>No</p>

STANDARD HEADER RECORD					
XML Element	Description	Valid Values	Data Type	Field Size	Data Element Required
Reporting Week <reporting week> This header element will occur again as an administration data element in the resident level data record. Example: <reporting week>48</reporting week>	CoreQ: SS DC Survey reporting week	WW (1 – 52)	Numeric	2	Yes
Reporting Year <reporting-yr> This header element will occur again as an administration data element in the patient level data record. Example: <reporting-yr>2023</reporting-yr>	Year of reporting week	YYYY (2023 or greater)	Numeric	4	Yes
Survey Mode <survey-mode> Note: The Survey Mode must be the same for all three months within a quarter. Example: <survey-mode>1</survey-mode>	Mode of Survey Administration.	1 = Mail only 2 = Telephone only	Numeric	1	Yes

STANDARD HEADER RECORD					
XML Element	Description	Valid Values	Data Type	Field Size	Data Element Required
<p>No. of Residents on file(s) submitted to Vendor <number-vendor-submitted> This header element should only occur once per file. Example: <number-vendor-submitted>595 </number-vendor-submitted></p>	<p>Number of residents on the files submitted by the SNF for the reporting week. Note that SNFs will exclude from the files they submit to vendor’s patients who are deceased, those who requested that their name not be released to anyone else, and those who have a condition or illness and live in a state that has regulations or laws restricting the release of patient information for patients with those conditions/illnesses.</p>	0 – 999,999	Numeric	6	Yes
<p>Eligible Resident <number-eligible-residents> This header element should only occur once per file. Example: <number-eligible-residents>500 </number-eligible-residents></p>	<p>Number of residents eligible for questionnaire in the reporting week.</p>	0 – 999,999	Numeric	6	Yes

RESIDENT ADMINISTRATIVE DATA RECORD

The following section defines the format of the resident level data record.

Note: Data element names do not contain any spaces, underscores, or capital letters. Each element must have a closing tag that is the same as the opening tag but with a forward slash.

RESIDENT ADMINISTRATIVE DATA RECORD					
XML Element	Description	Valid Values	Data Type	Field Size	Data Element Required
Provider ID <provider-id> This administration element also occurs in the previous header record. Example: <provider-id>123456 </provider-id>	CMS Certification Number (CCN, formerly known as the Medicare Provider ID Number)	No Dashes or spaces. Valid 6-digit CMS Certification Number	Alphanumeric character	6	Yes
NPI <npi> This administration element also occurs in the previous header record. Example: <npi>1234567890</npi>	National Provider Identifier	No Dashes or spaces. Valid 10-digit National Provider Identifier	Alphanumeric character	10	No
Reporting Week <reporting week> This header element will occur again as an administration data element in the resident level data record. Example: <reporting week>48 </reporting week>	CoreQ: SS DC Survey reporting week	WW (1 – 52)	Numeric	2	Yes

RESIDENT ADMINISTRATIVE DATA RECORD					
XML Element	Description	Valid Values	Data Type	Field Size	Data Element Required
Reporting Year <reporting-yr> This header element will occur again as an administration data element in the patient level data record. Example: <reporting-yr>2023</reporting-yr>	Year of reporting week	YYYY (2023 or greater)	Numeric	4	Yes
ID No. <id> Example: <id>12345</id>	Vendors will assign a unique de-identified identification number (ID) to each resident. The ID number will be used to track the survey status of the resident throughout the survey administration process and to designate surveyed residents on the data file submitted to the Data Center.	Maximum of 16 characters	Alphanumeric character	16	Yes
Time to Survey Initiation Following Discharge <time-survey> Example: <time-survey>7</time-survey>	Time between resident discharge and when the questionnaire was mailed out	1-14	Alphanumeric character	2	Yes
Resident date of Admission <admit-date> Example: <admit-date>01022023</admit-date>	Resident date of admission for a qualifying skilled nursing facility stay	MMDDYYYY	Numeric	Yes	Yes

RESIDENT ADMINISTRATIVE DATA RECORD					
XML Element	Description	Valid Values	Data Type	Field Size	Data Element Required
Resident date of Discharge <discharge-date> Example: <discharge-date>01022023<discharge-date>	Resident date of discharge for a qualifying skilled nursing facility stay	MMDDYYYY	Numeric	Yes	Yes
Gender <gender> Example: <gender>1</gender>	Resident’s gender	1 = Male 2 = Female M = Unknown/Missing	Alphanumeric character	1	Yes
Brief Interview Mental Status <BIMS> Example: <BIMS>7<BIMS>	Brief Interview Mental Status	1 to 15	Alphanumeric character	2	Yes
Court appointed guardian <guardian> Example: <guardian>2<guardian>	Does the resident have a court appointed guardian	1 = Yes 2 = No M = Unknown/Missing	Alphanumeric character	1	Yes
Proxy/Intermediary Flag <proxy> This administration data element should only occur once per patient. Example: <proxy>1</proxy>	Did a proxy complete the interview for the respondent?	1 = Yes 2 = No M = Missing	Alphanumeric character	1	Yes
Left against medical advice <ama> Example: <ama>1<ama>	Resident left skilled nursing facility against medical advice	1 = Yes 2 = No M = Unknown/Missing	Alphanumeric character	1	Yes

RESIDENT ADMINISTRATIVE DATA RECORD					
XML Element	Description	Valid Values	Data Type	Field Size	Data Element Required
Age <resident-age> Example: <resident-age>07</resident-age>	Resident’s age as of reporting week	01 = 18–24 02 = 25-29 03 = 30-34 04 = 35-39 05 = 40-44 06 = 45-49 07 = 50-54 08 = 55-59 09 = 60-64 10 = 65-69 11 = 70-74 12 = 75-79 13 = 80-84 14 = 85-89 15 = 90 or older M = Unknown/Missing (Patients must be 18 or older to be eligible for the survey)	Alphanumeric character	2	Yes
Payer (e.g., Medicare) <payer-medicare> Example: <payer-medicare>1</payer-medicare>	Source of payment for skilled nursing facility	1 = Medicare M = Missing	Alphanumeric character	1	Yes

RESIDENT ADMINISTRATIVE DATA RECORD					
XML Element	Description	Valid Values	Data Type	Field Size	Data Element Required
Payer (e.g., Medicaid) <payer-medicaid> Example: <payer-medicaid>1 </payer-medicaid>	Source of payment for skilled nursing facility	1 = Medicaid M = Missing	Alphanumeric character	1	Yes
Payer (e.g., private insurance) <payer-private> Example: <payer-private>1 </payer-private>	Source of payment for skilled nursing facility	1 = Private Health Insurance M = Missing	Alphanumeric character	1	Yes
Payer (e.g., Other) <payer-other> Example: <payer-other>1</payer-other>	Source of payment for skilled nursing facility	1 = Other M = Missing	Alphanumeric character	1	Yes
HMO Indicator <hmo-enrollee> Example: <hmo-enrollee>1</hmo-enrollee>	Is resident in an HMO?	1 = Yes 2 = No M = Unknown/Missing	Alphanumeric character	1	Yes
Dually eligible for Medicare and Medicaid? <dual-eligible> Example: <dual-eligible>1</dual-eligible>	Is resident dually eligible for Medicare and Medicaid coverage?	1 = Yes 2 = No 3 = Not Applicable M = Unknown/Missing	Alphanumeric character	1	Yes
ESRD <esrd> Example: <esrd>2</esrd>	Does resident have end-stage renal disease?	1 = Yes 2 = No M = Missing	Alphanumeric character	1	Yes

<p>Discharge status <discharge> Example:<discharge>09<discharge></p>	<p>Where was the resident discharged to?</p>	<p>00 = Unknown 01 = Home/Community 02 = Nursing home (long-term care facility) 03 = Skilled Nursing Facility (SNF, swing beds) 04 = Short term general hospital (acute care hospital, IPPS) 05 = Long-term care hospital (LTCH) 06 = Inpatient rehabilitations facility (IRF, free standing facility or unit) 07 = Inpatient psychiatric facility (psychiatric hospital or unit) 08 = Intermediate care facility (ID/DD facility) 09 = Hospice (home/non-institutional) 10 = Hospice (institutional facility) 11 = Critical access hospital (CAH) 12 = Home under care or organized home health service organization 13 = Deceased 99 = not listed</p>	<p>Alphanumeric character</p>	<p>2</p>	<p>Yes</p>
<p>Hispanic, Latino/a, or Spanish origin</p>	<p>Is the resident of Hispanic,</p>	<p>A = No, not of Hispanic,</p>	<p>Alphanumeric</p>	<p>5</p>	<p>Yes</p>

RESIDENT ADMINISTRATIVE DATA RECORD					
XML Element	Description	Valid Values	Data Type	Field Size	Data Element Required
<hispanic> Example: <hispanic>a<hispanic>	Latino/a, or Spanish origin? (Check all that apply)	Latino/a, or Spanish B = Yes, Mexican, Mexican American C = Yes, Puerto Rican D = Yes, Cuban E = Yes, another Hispanic, Latino, or Spanish X = Resident unable to respond Y = Resident declines to respond	character		

RESIDENT ADMINISTRATIVE DATA RECORD					
XML Element	Description	Valid Values	Data Type	Field Size	Data Element Required
Race <race> Example: <race>M<race>	What is resident's race? (Check all that apply)	A = White B = Black or African American C = American Indian or Alaska Native D = Asian Indian E = Chinese F = Filipino G = Japanese K = Korean I = Vietnamese J = Other Asian K = Native Hawaiian L = Guananian or Chamorro M = Samoan N = Other Pacific Islander X = Resident unable to responds Z = None of the above	Alphanumeric character	10	Yes

RESIDENT ADMINISTRATIVE DATA RECORD					
XML Element	Description	Valid Values	Data Type	Field Size	Data Element Required
Disposition code <dcode> Example: <dcode>410<dcode>	A disposition code must be entered for all questionnaire administered on behalf of the skilled nursing facility	110 = Completed Mail Questionnaire 120 = Completed Telephone Questionnaire 210 = Ineligible: Deceased 230 = Ineligible: Language Barrier 240 = Ineligible: Physically Incapacitated, No intermediary respondent available 320 = Refusal 330 = Bad Address/Undeliverable 340 = Wrong/Disc/No Telephone Number 350 = No response after maximum attempts 410 = Reached quarterly maximum, survey not sent	Alphanumeric character	3	Yes

RESIDENT RESPONSE RECORD

A survey results record is defined as the <resident response> and is defined as follows:

(Note: Survey results records are not required for a valid data submission but if survey results are included then all answers must have an entry. Survey results record is required for ALL surveys administered.)

NOTE: Data element names do not contain any spaces, underscores, or capital letters. Each element must have a closing tag that is the same as the opening tag but with a forward slash.

RESIDENT RESPONSE RECORD					
XML Element	Description	Valid Values	Data Type	Field Size	Data Element Required
Q1: Overall Recommendation <recommend> Example: <recommend>3<recommend>	In recommending this facility to your friends and family, how would you rate it overall?	0 = Missing 1 = Poor 2 = Average 3 = Good 4 = Very Good 5 = Excellent	Numeric	1	yes
Q2: Rate Staff <rate-staff> Example: <rate-staff>3<rate staff>	Overall, how would you rate the staff?	0 = Missing 1 = Poor 2 = Average 3 = Good 4 = Very Good 5 = Excellent	Numeric	1	yes
Q3: Rate Care <rate-care> Example: <rate-care>3<rate-care>	How would you rate the care you received?	0 = Missing 1 = Poor 2 = Average 3 = Good 4 = Very Good 5 = Excellent	Numeric	1	yes

RESIDENT RESPONSE RECORD					
XML Element	Description	Valid Values	Data Type	Field Size	Data Element Required
Q4: Rate Discharge <rate-discharge> Example: <rate-discharge>3<rate-discharge>	How would you rate how well your discharge needs were met?	0 = Missing 1 = Poor 2 = Average 3 = Good 4 = Very Good 5 = Excellent	Numeric	1	yes
Q5: Help <help> Example: <help>1<help>	Did someone help you complete this survey?	1 = Yes 2 = No M = Unknown/Missing	Alphanumeric character	1	Yes
Q6: What was the help? <what-help> Example: <what-help>4<what-help>	How did the person help you? (Check all that apply)	0 =not applicable 1 = Read the question 2 = Wrote down the answer I gave 3 = Answered the question for me 4 = Translated the questions into my language 5 = Helped in some other way (please print)	Alphanumeric	200	Yes

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APPENDIX G: MODEL QUALITY ASSURANCE PLAN

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**COREQ: SS DC SURVEY
MODEL QUALITY ASSURANCE PLAN**

All vendors meeting the business requirements for a vendor will be granted interim approval once the required personnel have taken part in the *Introduction to the CoreQ: SS DC Survey Training* program and successfully completed the written Training Certification. The last step in the approval process is for the vendor to submit a Quality Assurance Plan (QAP) for approval. Below is a model QAP that is intended to serve as a guide for all vendors as they develop a similar document outlining their implementation and compliance with all guidelines required to successfully execute the CoreQ: SS DC Survey.

Every vendor is required to complete and submit a QAP to the CoreQ: SS DC Survey Coordination Team within **6** weeks after the vendor's first quarterly submission of CoreQ: SS DC Survey data. Additionally, all vendors are required to update and resubmit their QAP on or before January 31st annually, and when changes are made to key staff or protocols. Vendors will get final approval as a vendor after its QAP is reviewed and approved by the CoreQ: SS DC Survey Coordination Team.

The example QAP needs to include the following sections. The specific requirements for these sections are described in the pages that follow.

- I. Organization Background and Staff Experience
- II. Work Plan
- III. Survey Implementation Plan
- IV. Data Security, Confidentiality, and Privacy Plan
- V. Questionnaire and Materials Attachments

To facilitate review of the QAP, each vendor needs to use the outline format noted above.

I. ORGANIZATION BACKGROUND AND STAFF EXPERIENCE

In this section of the QAP, each vendor must provide the following:

- Your organization's name, address, and telephone number. If your organization has multiple locations, include the address of both the main location and the address of the locations where the primary survey operations, including data collection and data processing activities, occur.
- Describe your organization's history. Include the scope of business, number of years in business, and number of years of survey experience.

- Describe your organization’s survey experience conducting person-level surveys using each approved data collection mode for the CoreQ: SS DC Survey. You must discuss each data collection mode for which you have received approval, regardless of whether you have any SNF clients who are using that mode.
- If using a subcontractor, describe your organization’s history with the organization, including the scope of business, number of years working together, and number of years of survey experience together.
- Provide an organizational chart that shows the names and titles of staff members, including any subcontractors, who are responsible for each of the following tasks:
 - Overall project management, including tracking and supervision of all tasks below.
 - Data collection procedures, including overseeing implementation of the data collection mode for which your organization has been approved.
 - Data receipt and data entry/scanning procedures.
 - File development and submission processes.

The organizational chart should also clearly outline all staff reporting relationships, including staff responsible for managing subcontractors (if any). It should designate any individuals who has quality assurance oversight responsibility and indicate what tasks they are responsible for.

- Summarize the background and experience of the staff responsible for the tasks listed in the organizational chart above, including a description of any subcontractors serving in these roles. The description of everyone’s experience should include a discussion of how the person’s qualifications are relevant to the CoreQ: SS DC Survey tasks they are expected to perform. Resumes should be available upon request.

II. WORK PLAN

- Describe how your organization is implementing the CoreQ: SS DC Survey. This section of your QAP must describe the entire process that your organization is following, including:
 - How you are obtaining the census frame:
 - how you are administering the survey, receiving, and processing the data,
 - the procedures followed to prepare and submit final files, and

- the type of quality control procedures followed at each stage to ensure data quality.

For each step above, you must specify the name of the person responsible for conducting and providing oversight of the activity.

- Include a copy of a schedule/timeline you are following to make sure that you can conduct all activities within the timeframes specified in the CoreQ: SS DC Survey protocols. The timeline must describe when that activity will be completed (for example, *x days* after receipt of the resident information file, or *y weeks* after mailing the first questionnaire). The timeline must include receipt of files from SNFs, census frame development, each step of the mailout or telephone implementation, data file cleaning, and data file preparation and submission.

III. SURVEY IMPLEMENTATION PLAN

- Describe the system resources that you are using to implement your approved survey mode(s). This includes a description of the relevant hardware or software. For example, describe the electronic telephone interviewing systems, mailing equipment, scanning or data entry equipment, and case management system that you are using.
- Describe training that is being given to all staff working on the CoreQ: SS DC Survey project, including telephone interviewers (if applicable), mail survey production staff, and data receipt/data processing/data entry staffs. If you are using any subcontractors for any roles, describe how the subcontractor's staff are being trained. Include a discussion of quality control procedures that you are implementing during training to ensure compliance with CoreQ: SS DC Survey protocols and describe documentation that is being kept providing evidence of this quality control.
- Describe the toll-free customer support telephone line that you are offering, including the actual telephone number, the TTY procedures, the customer support staff training, and who is responsible for training and responding to questions related to the CoreQ: SS DC Survey. Also include information on the days of the week and times of the day that the customer support line is staffed, how you are handling after-hours contacts, and include text of any recordings that are being used. Include a discussion of quality control procedures that are being implemented to ensure compliance with CoreQ: SS DC Survey protocols. Describe the documentation kept providing evidence of this quality control.
- Describe the customer support email that you are offering, including the actual email address, the customer support staff training, and who is responsible for training and responding to questions related to the CoreQ: SS DC Survey. Also include information on the expected response times and procedures. Include any pre-written responses being used. Include a discussion of quality control procedures that are being implemented to ensure

compliance with CoreQ: SS DC Survey protocols. Describe the documentation kept providing evidence of this quality control.

- Describe the production and mailout process for surveys, including the person responsible for the process, and what quality control checks are being implemented at each stage (for example, monitoring the quality and content of mail survey packages, use of seeded mailings, and frequency of checks). Describe all quality control checks that are being implemented and documented to ensure that the CoreQ: SS DC Survey protocols are being followed.
- Describe the receipt and data entry or scanning process for mail surveys, including the person responsible for the process and what quality control checks are being implemented at the survey receipt, data entry, or scanning phase, and how frequently those checks are being made. Describe all quality control checks that are being implemented and documented to ensure that the CoreQ: SS DC Survey protocols are being followed.
- Describe the process for implementing the telephone survey, if applicable, including who is responsible for training and monitoring interviewer performance, how training and monitoring are being documented, and what systems and procedures are being used to ensure that all interviewing is conducted according to the CoreQ: SS DC Survey protocols (for example, varying times of day that calls are attempted and tracking the status of call attempts). If you are using a telephone survey subcontractor, describe oversight activities you are conducting to ensure that the subcontractor is following CoreQ: SS DC Survey protocols.
- Describe the processes you are using to create data files and regularly submit them to the CoreQ: SS DC Survey Data Center through the CoreQ: SS DC Survey website. Discuss quality control checks being implemented during file creation, including how these checks are being documented.

IV. DATA SECURITY, CONFIDENTIALITY, AND PRIVACY PLAN

- Describe the measures that you are taking to ensure data security, including a discussion of the use of passwords, file encryption, backup systems, and any other measures to ensure the security of CoreQ: SS DC Survey data. Describe how often passwords are changed. For both hard-copy questionnaires and electronic data files, describe how and for how long these materials will be stored and when and how they will be destroyed.
- Describe how confidentiality agreements are being implemented for vendor staff and any subcontractor staff, including how affidavits of confidentiality are being documented. Include a copy of the confidentiality agreement that is being used as an appendix in your QAP.

- Describe the measures that are being taken to protect respondent privacy and ensure compliance with HIPAA requirements.

V. QUESTIONNAIRE AND MATERIALS ATTACHMENTS

- Attach a copy of your formatted mail questionnaire. Be sure to include the cover page and back page.
- If you are approved for telephone administration, attach all screen shots from your telephone interview program—beginning with the introductory screens and ending with the last question in the interview.

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APPENDIX H: EXCEPTIONS REQUEST FORM

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**COREQ: SS DC SURVEY
EXCEPTIONS REQUEST FORM**

To submit this form online, please go to TBD.

Date Submitted:**I. GENERAL INFORMATION**

The following general information should be filled out about the vendor organization.

1. Vendor Organization Information

Organization Name: [Click or tap here to enter text.](#)

Mailing Address 1: [Click or tap here to enter text.](#)

Mailing Address 2: [Click or tap here to enter text.](#)

City: [Click or tap here to enter text.](#)

State: [Choose an item.](#)

ZIP Code: [Click or tap here to enter text.](#)

(Area Code) Telephone number: [Click or tap here to enter text.](#)

(Area Code) Fax number: [Click or tap here to enter text.](#)

Website address: <https://>[Click or tap here to enter text.](#)

2. Contact Person

First and Last Name: [Click or tap here to enter text.](#)

Title: [Click or tap here to enter text.](#)

Email address: [Click or tap here to enter text.](#)

If different than the organization mailing address:

Mailing Address 1: [Click or tap here to enter text.](#)

Mailing Address 2: [Click or tap here to enter text.](#)

City: [Click or tap here to enter text.](#)

State: [Choose an item.](#)

ZIP Code: [Click or tap here to enter text.](#)

(Area Code) Telephone number: [Click or tap here to enter text.](#)

(Area Code) Fax number: [Click or tap here to enter text.](#)

II. EXCEPTIONS REQUEST INFORMATION

Please complete Items 1 and 2 below.

1. Exception Request

1a. Exception Request Classification (Check one)

- New Exception
- Update List of Applicable Skilled Nursing Facilities
- Appeal of Exception Denial

1b. Exception Request for (Check one)

- Other (specify)

2. Description of Exception Request

2a. Purpose of requested exception (e.g., mailing issues, data issues) [Click or tap here to enter text.](#)

2b. How the exception will be implemented [Click or tap here to enter text.](#)

2c. Evidence that exception will not affect questionnaire results [Click or tap here to enter text.](#)

III. LIST OF SKILLED NURSING FACILITIES IMPACTED BY THIS EXCEPTION REQUEST

Vendor should submit a New Exception Request if additional facilities are added after this form is submitted.

1. **Skilled Nursing Name:** [Click or tap here to enter text.](#)

- CMS Certification Number: [Click or tap here to enter text.](#)
2. **Skilled Nursing Name:** [Click or tap here to enter text.](#)
- CMS Certification Number: [Click or tap here to enter text.](#)
3. **Skilled Nursing Name:** [Click or tap here to enter text.](#)
- CMS Certification Number: [Click or tap here to enter text.](#)
4. **Skilled Nursing Name:** [Click or tap here to enter text.](#)
- CMS Certification Number: [Click or tap here to enter text.](#)
5. **Skilled Nursing Name:** [Click or tap here to enter text.](#)
- CMS Certification Number: [Click or tap here to enter text.](#)

To submit this form online, visit the CoreQ: SS DC Survey website at TBD.

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APPENDIX I: DISCREPANCY NOTIFICATION REPORT

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**COREQ: SS DC SURVEY
DISCREPANCY REPORT**

To submit this form online, please go to TBD.

Date Submitted:**I. GENERAL INFORMATION**

The following general information should be filled out about the vendor organization.

Vendor Organization Information

Organization Name: [Click or tap here to enter text.](#)

Mailing Address 1: [Click or tap here to enter text.](#)

Mailing Address 2: [Click or tap here to enter text.](#)

City: [Click or tap here to enter text.](#)

State: [Choose an item.](#)

ZIP Code: [Click or tap here to enter text.](#)

(Area Code) Telephone number: [Click or tap here to enter text.](#)

(Area Code) Fax number: [Click or tap here to enter text.](#)

Website address: <https://>[Click or tap here to enter text.](#)

2. Contact Person

First and Last Name: [Click or tap here to enter text.](#)

Title: [Click or tap here to enter text.](#)

Email address: [Click or tap here to enter text.](#)

If different than the organization mailing address:

Mailing Address 1: [Click or tap here to enter text.](#)

Mailing Address 2: [Click or tap here to enter text.](#)

City: [Click or tap here to enter text.](#)

State: [Choose an item.](#)

ZIP Code: [Click or tap here to enter text.](#)

(Area Code) Telephone number: [Click or tap here to enter text.](#)

(Area Code) Fax number: [Click or tap here to enter text.](#)

II. DISCREPANCY INFORMATION

Please complete the items below in detail.

1. Description of discrepancy, how it was discovered, and the affected timeframe [Click or tap here to enter text.](#)
2. Number of eligible residents affected by the discrepancy [Click or tap here to enter text.](#)
3. Description of corrective action to be taken to address discrepancy, along with proposed timeline [Click or tap here to enter text.](#)
4. Additional information not provided above which will help the CoreQ: SS DC Survey Coordination Team understand the discrepancy [Click or tap here to enter text.](#)

III. LIST OF SKILLED NURSING FACILITIES IMPACTED BY THIS DISCREPANCY REPORT

Vendor should submit a New Exception Request if additional facilities are added after this form is submitted.

1. **Skilled Nursing Name:** [Click or tap here to enter text.](#)
CMS Certification Number: [Click or tap here to enter text.](#)
2. **Skilled Nursing Name:** [Click or tap here to enter text.](#)
CMS Certification Number: [Click or tap here to enter text.](#)
3. **Skilled Nursing Name:** [Click or tap here to enter text.](#)
CMS Certification Number: [Click or tap here to enter text.](#)
4. **Skilled Nursing Name:** [Click or tap here to enter text.](#)
CMS Certification Number: [Click or tap here to enter text.](#)

5. **Skilled Nursing Name:** [Click or tap here to enter text.](#)

CMS Certification Number: [Click or tap here to enter text.](#)

To submit this form online, visit the CoreQ: SS DC Survey website at TBD.

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APPENDIX J: FAQs FOR TELEPHONE INTERVIEWERS

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**FREQUENTLY ASKED QUESTIONS
THE COREQ: SS DC SURVEY****Who is sponsoring this survey?**

[Skilled Nursing Facility] has asked our company to conduct this questionnaire to help them evaluate resident satisfaction with the care they receive. The questionnaire is part of a national study that will help consumers make more informed choices about skilled nursing facilities. The results of this study will be publicly reported on the Internet at <https://www.medicare.gov/care-compare>.

[THE FOLLOWING QUESTIONS AND ANSWERS ARE TO BE USED ONLY WHEN THE INTERVIEWER IS SPEAKING WITH THE RESPONDENT. IF THE INTERVIEWER IS NOT SPEAKING WITH THE RESPONDENT, THE INTERVIEWER SHOULD ONLY INDICATE THAT THE STUDY IS ABOUT HEALTH CARE.]

Who is conducting this survey?

I'm an interviewer from [VENDOR NAME] this is an independent research survey organization. *[Skilled Nursing Facility Name]* has asked our organization to conduct the survey to help them get feedback from their residents.

What is the purpose of this survey?

The purpose of this questionnaire is to learn about your satisfaction with the care you received while at *[Skilled Nursing Facility Name]*. The survey results will help consumers make more informed choices when choosing a skilled nursing facility.

What questions will be asked?

The survey asks questions about your satisfaction with the care you received while a resident at *[Skilled Nursing Facility Name]*.

How do I know this is confidential?

I can assure you that all information you provide will be kept confidential and is protected by the Federal Privacy Act of 1974. All project staff members have signed affidavits of confidentiality and are prohibited by law from using survey information for anything other than this study.

I'm on the *Do Not Call* list. Why are you calling me?

The Do Not Call list stops sales and telemarketing calls. We are conducting survey research on behalf of your skilled nursing facility. We are not calling to sell or market a product or service.

I'm not going to answer a lot of questions over the phone!

Your cooperation is very important to us. Your experiences will help your skilled nursing facility and other skilled nursing facilities understand what residents like about their skilled nursing facilities. All of the answers you give in this survey will be kept completely confidential and are protected by the Federal Privacy Act of 1974. Let me start and you can see what the questions are like.

Why (or how) was I selected for this study?

Everyone who stays in a skilled nursing facility for 100 or fewer days is offered a chance to complete the survey.

I don't like my skilled nursing facility!

I understand. Your opinions are very important and will help your skilled nursing facility understand how to improve the care they provide. Let's start now. [NOTE: DO NOT ARGUE BACK. MAKE SHORT, NEUTRAL COMMENTS TO LET THEM KNOW THAT YOU ARE LISTENING AND IMMEDIATELY ASK THE FIRST QUESTION.]

How do I know this survey is legitimate? How do I know you really are an interviewer for this survey?

You can contact [VENDOR NAME] at [TELEPHONE NUMBER] for information about the survey.

How long will this take?

This survey takes on average about 4 minutes to complete. I'll move through the questions as quickly as possible.

NOTE THAT QUESTIONNAIRE COMPLETION TIME WILL DEPEND ON WHETHER OTHER ITEMS ARE ADDED TO THE COREQ: SS DC QUESTIONNAIRE.

**APPENDIX K: GENERAL GUIDELINES FOR TELEPHONE
INTERVIEWERS**

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COREQ: SS DC QUESTIONNAIRE GENERAL GUIDELINES FOR TELEPHONE INTERVIEWING

OVERVIEW

The CoreQ: SS DC Short Stay Discharge Questionnaire will be run as an electronic system telephone interview. As a telephone interviewer, you must use the system to administer each interview. All the questions you ask will be programmed into a computer. The telephone number is programmed into the computer and will be provided by the computer for you to make the call. You will need to read the questions from the computer screen and enter the responses to each question into the computer. Once you have entered a response, the computer will automatically take you to the screen with the next valid question.

As an interviewer for this project, you have a very important role in the success of the study. You are the connection to the thousands of respondents. You develop a rapport with the respondents, assuring them that their participation is important, and obtaining their cooperation and informed consent.

As a professional interviewer, it is your job to help every respondent feel at ease and comfortable with the interview. An important part of achieving this goal is to be fully informed about the questionnaire, the interview, and the data collection procedures.

GENERAL INTERVIEWING TECHNIQUES

Asking the questions, probing, and entering responses correctly is vital to getting high-quality data for the CoreQ: SS DC survey. Below are some general techniques and procedures to follow when you are doing the CoreQ: SS DC survey interviews.

Administering Survey Questions

- Make sure to ask the questions exactly as they are written. Do not change the wording or shorten any question when you are reading it to the respondent.
- Make sure to ask every question, even if a respondent seems to have provided the answer as part of the response to an earlier question. The response obtained in the context of one question, may not be the same response given when the other question is asked. If it seems to become burdensome for the respondent, remind them gently that you must ask all the questions of all the respondents.
- If the response shows the respondent did not understand the intent of the question, or if the respondent asks for clarification about any part of the question, even if it is just a single word, repeat the entire question.

- Make sure to read the questions at a pace that allows respondents to easily understand them. Remember the respondents have not heard the questions before and will not have had the same exposure to the questionnaire that you have had.
- Transition statements help respondents gain an understanding of the nature of an upcoming question or series of questions, to define a word, or to describe what is being asked for in the question. Make sure to read all transition statements just as they are written.
- Give the respondent adequate time to remember past events.
- DO NOT suggest responses to the respondent. Your job is to read the questions exactly as they are written, make sure the respondent understands the questions, and then enter the responses. Do not help the respondent answer the questions.
- Make sure to ask the questions in the exact order in which you see them.
- Do not read the words that are in ALL CAPITAL LETTERS to the respondent.
- Read all questions including those that might be sensitive to the respondent in the same manner with no hesitation or change in your voice inflection.
- Make sure you are comfortable with the Frequently Asked Questions (*Appendix J*) before you start doing interviews, so you are knowledgeable about the CoreQ: SS DC Survey.
- At the end of every interview, tell the respondent that the survey is finished and thank them for taking part.

Introducing the Questionnaire

Your introduction is one of the most important paths to successfully completing a telephone interview. Most people will hang up in the first few minutes of the interview, so if you can persuade the respondent to stay on the line long enough to hear the purpose of the study and begin asking the questions, the probability that the respondent completes the interview will increase dramatically.

- When reading the introduction, sound confident and pronounce the words as clearly as you can.
- *Respondents are not expecting a survey research call*, so you might have to help them make clear the nature of the call.
- Practice the introduction until you are able present so that your presentation sounds **confident, sincere, and natural**.

- Deliver the introduction at a casual pace. Rushing through the introduction gives an impression of lack of confidence and may also cause the respondent to not understand something.
- Try not to pause too long between the introduction and asking the first question. A pause tends to imply you are waiting for the respondent's approval to continue.

Avoiding Refusals

The primary and most important step in avoiding a refusal is the ability to establish rapport with a reluctant respondent, thus minimizing the potential for a refusal. Remember, you will not be able to call the respondent back to convert a refusal. The initial contact is the only opportunity you have to create a successful interview. Below are some tips to help you avoid refusals.

- Make sure you are mentally ready before starting each call and have a positive attitude.
- Treat respondents the way you would like to be treated.
- Always use an effective/positive/friendly tone and maintain a professional outlook.
- Pay careful attention to what the respondent is saying during the interview.
- Listen to the respondent fully, rather than assuming you know what they are objecting to.
- Listen before evaluating and entering a response.
- Be responsive to the respondents' needs.
- Always remain in control of the call.
- Try to understand the reason for reluctance/refusal at the beginning of the call or figure it out as quickly as possible.
- Listen as a supporter, not an adversary, and do not debate or argue with the respondent.
- Be prepared to address one (or more) reason(s) for the respondent's reluctance/refusal.
- Focus your comments to respondents about why they are important to the study.
- Use active listening techniques and summarize what you hear and repeat this back to the respondent.
- Remember that you are a professional representative of your survey organization and the SNF whose residents you are contacting.

GENERAL INTERVIEWING GUIDANCE

These sections will provide you guidance on the use of neutral feedback, probes, avoiding bias, and entering responses accurately. By following these rules, it will help you make sure that the CoreQ: SS DC Survey interviews are conducted in an identical manner.

Providing Neutral Positive Feedback

Using neutral feedback helps to build rapport with the respondent, particularly with the CoreQ: SS DC respondents, who are commonly older and sicker than the general population. Recognizing the respondent throughout the interview can help you gain and retain cooperation.

Some suitable neutral acknowledgement words are:

- Thank you
- All right
- Okay
- I understand
- Let me repeat the question

Probing

Sometimes you might have to probe the respondent to get a more complete or more specific answer. You will need to use neutral or nondirective probes to achieve this. Remember, it is important not to suggest an answer or lead the respondent. Below are a few general rules for probing during a questionnaire.

- You might need to repeat the question if the respondent misunderstood or misinterpreted the question. After hearing the question, the second time the respondent will likely understand what information is needed.
- Use neutral questions or statements to urge a respondent to share more on an inadequate response. These might include the following: “What do you mean?” “How do you mean?” “Tell me what you have in mind.” “Tell me more about....”
- Use a clarification probe if the response is unclear, ambiguous, or contradictory. Be careful not to appear to challenge the respondent when clarifying a statement and always use a neutral probe. Examples of clarification probes are “Can you give me an example?” or “Could you be more specific?”

- Encourage the respondent to give his or her best guess if a respondent gives a “don’t know” response. Let the respondent know that this is not a test and there are no right or wrong answers. We want the respondent’s opinions and assessment of the care they received while in the SNF.
- If the respondent asks you to answer the question for them, let the respondent know that you cannot answer the question for them. Instead, ask the respondent if they want more explanation on the content or meaning of the question.

Avoiding Bias

A common drawback to interviewing is mistakenly introducing bias into an interview. Bias happens when an interviewer says or does something that impacts the answers a respondent gives in an interview. Any interview with bias will not give accurate data for the research being done, so it might have to be thrown out.

As a professional interviewer, you must always remain neutral to make sure that bias is not introduced into the interview. There are a few things you can do or avoid doing to help make sure that bias is not being introduced. You can:

- read all statements and questions exactly as they are written,
- use neutral probes that will not suggest an answer to the respondent,
- do not give your own opinions or answers to try to “help” a respondent, and
- do not use body language, such as a yawn or cough to influence the interview.

Using these items to monitor your own spoken and unspoken language will help to guarantee that the interviews you conduct are completed correctly and efficiently.

Entering Responses

All the questions you ask will have pre-coded responses. Meaning that you just have to select the correct response option and enter the number corresponding to that response.

The rules outlined below must be followed all the time to make sure that the responses you enter correctly reflect the respondents’ answer and to make sure that the questionnaire data are all collected in the same methodical way.

- If the answer does not seem to satisfy the objective, repeat the question.
- Enter the response immediately after it is provided.

- If a respondent gives a range in response to a question, probe as appropriate for a more specific answer. For example, if a respondent says, “Somewhere between average and good” and you can enter only one response, ask for clarification: “Would that be closer to average or to good?” “Which would you pick, average or good?”

Rules for Successful Telephone Interviewing

The key to a successful interview is being prepared for every contact you make. Having a complete set of the right materials at your workstation, organized so you do not have to search for a document is especially helpful. Below are a few general rules you should follow every time you place a call for an interview.

1. ***Be prepared before you place a call.*** Be prepared to talk to the respondent. You should be able to explain the purpose of your call to the respondent or a family member and friends. Do not rely on your memory alone to answer questions. Make sure you review and understand the Frequently Asked Questions (FAQs).
2. ***Act professionally.*** Project to respondents that you are a professional who specializes in asking questions and conducting interviews. As a professional interviewer, you have specific tasks to accomplish for this survey.
3. ***Make the most of your contact.*** Even though you may not be able to obtain an interview on this call, it is important to make the most of the contact to aid in future calls. For example, if you are trying to contact the respondent and they are not available, gain as much information as you can to help reach the respondent the next time they are called. Important questions to ask:
 - When is the respondent usually home?
 - What is the best time to reach the respondent?
 - Can you schedule an “appointment” to reach the respondent later?
4. ***Don’t be too quick to code a respondent as ineligible.*** Some respondents may be hard of hearing or appear not to fully understand you when you call. Rather than immediately coding these cases as “Ineligible,” please attempt to set a call-back for a different time of day and different day of the week. It is possible that reaching the respondent at a different time may result in your being able to conduct the interview with them. If, on the second call, you encounter the same situation with the respondent, try to get an intermediary to assist the respondent. Guidance for obtaining an intermediary is provided below

CONDUCTING AN INTERMEDIARY INTERVIEW

An intermediary can be used to help the respondent answer the CoreQ: SS DC Survey, such as translating the questions into a respondent’s primary language or if they are deaf. When an interviewer decides, through their interaction with the respondent or someone else, that the respondent cannot answer the questions, the interviewer should ask to speak with an intermediary to help the respondent. There is a sample script below that helps interviewers identify and ask to speak with an intermediary. This script is also provided in *Appendix D* in English, along with a copy of the intermediary interview script.

When administering an intermediary interview, the interviewer can use the relationship of the respondent after the interviewer has read the respondent’s name three times. For example, the interviewer can say “your wife”, “your brother”, “your father”, etc. rather than reading the respondent’s name each time. This can help improve the flow of the interview for both the interview and the intermediary.

If no acceptable intermediary is available, the interviewer should code the case as “Ineligible: No Intermediary available—240.”

INTER_REQ Is there somebody such as a family member or friend who is familiar with {FILL RESPONDENT NAME}’s health care experiences?

PROBE TO FIND OUT IF PERSON IS AVAILABLE IN HOUSEHOLD TO DO INTERVIEW NOW.

YES

NO (CODE AS INELIGIBLE)

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APPENDIX L: PARTICIPATION EXEMPTION REQUEST FORM

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**CoreQ: SS DC Survey
Participation Exemption Request (PER) Form
For the Annual Payment Update (APU) for Fiscal Year (FY) 2026**

Use this to request an exemption from taking part in the CoreQ: SS DC Survey for the FY 2026 APU period based on the number of short stay discharges your skilled nursing facility (SNF) had in the past year.

Before completing the Participation Exemption Request (PER) form online, SNFs are recommended to print this form and undertake the count initially using the hard copy form before entering the counts into the online form. (Click here to review and print a hard copy of the PER form.)

When is the exemption in force? The exemption is in force only for FY 2026, which is between January 1, 2024 and December 31, 2024. The exemption is valid for ONLY ONE YEAR. You must reapply if you want to request an exemption in the following years.

Who can apply for the exemption? Your SNF can ask for an exemption if you discharged fewer than 60 short stay residents between January 1, 2023 and December 31, 2023. Every spring, CMS will review all participation exemption requests to determine, with other data, if your facility is eligible to receive an exemption.

What does getting an exemption mean? If you think that you qualify for an exemption, you do not need to take part in the CoreQ: SS DC Survey for the calendar year 2024 CoreQ: SS DC Survey data collection period. This period is from January 1, 2024 to December 31, 2024.

What do I need to do? You will need to obtain a count of your facility's short stay residents discharged between January 1, 2023 and December 31, 2023. The PER form will help you do this. Please see the instructions below.

This form will help you to determine if you have fewer than 60 CoreQ-eligible residents.

How to complete the Participation Exemption Request (PER) Form:

- Enter your 6-digit CMS Certification Number (CCN), formerly known as your Medicare Provider ID number. If your facility was recently certified by CMS and you have not received your CCN yet, please wait until you have received a CCN before completing the PER form.
- Based on the CCN entered in Step 1, the system will automatically show the name of your facility. If the displayed name is different than the facility name you entered, please contact CMS.
- Next count and enter the number residents discharged between January 1, 2023 and December 31, 2023, who were 18 years old and older. If a resident had two qualifying

discharges, they are counted twice in the population. Count all residents regardless of payer.

To define the number of unduplicated (or unique) residents discharged, count all residents who were discharged after staying 100 days or less during the specified 12-month period. A resident may be counted more than once if they had more than one qualifying discharge.

- For all the residents included in the count in Step 2, enter the number of residents who are in the categories in Steps 3a. These residents are not eligible for inclusion in the CoreQ: SS DC Survey. *Do not include a resident in more than one category.* For Step 3a.2, you need to give a short description of the relevant state laws/regulations and the number of affected residents until all residents entered in Step 3a.1 are considered.

1. Enter your facility's 6-digit CMS Certification Number (CCN), formerly known as the Medicare Provider Number). [Click or tap here to enter text.](#)

Facility Name: [Click or tap here to enter text.](#)

2. Count and enter the TOTAL number of residents discharged between January 1, 2023 and December 31, 2023, who were 18 years old or older on the date of this calculation. (See earlier instructions for details about who to include.) [Click or tap here to enter text.](#)

3. Of the residents included in Step 3, enter the number of residents that fall into the following categories. **Do NOT include a resident in more than one category.**

a.1 Number of patients who have a condition or illness for which the state in which the patient resides has regulations or laws restricting the release of patient information for patients with those conditions. [Click or tap here to enter text.](#)

a.2 In the text box below, provide a brief explanation that includes the number of patients and the relevant state laws/regulations that apply to:

[Click or tap here to enter text.](#)

b. Number of patients who at their initial contact with the agency, on their own initiative, said that the SNF may not release their name and any contact information to anyone other than the SNF personnel. [Click or tap here to enter text.](#)

To submit this form online, visit the CoreQ: SS DC Survey website at TBD.